

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: CT**  
**APPLICATION YEAR: 2010**

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**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2010**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: CT**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 4,729,890

A.Preventive and primary care for children:

\$ 1,419,590 ( 30.01 %)

B.Children with special health care needs:

\$ 1,997,005 ( 42.22 %)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 236,285 ( 5 %)

(The above figure cannot be more than 10% )[Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 450,581

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 7,100,000

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 0

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 0

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 0

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 6,777,191

\$ 7,100,000

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 12,280,471

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 750,000

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 595,977

j. Education: \$ 0

k. Other: \$ 0

CYSHCN Integration \$ 299,506

ECP \$ 105,000

EHDI \$ 149,988

FirstTime Motherhood \$ 500,000

Immunizations \$ 4,158,382

PCO \$ 119,830

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 6,778,683

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 19,059,154

<b>FORM NOTES FOR FORM 2</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: CT**

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 5,081,795	\$ 4,754,746	\$ 4,974,598	\$ 4,803,010	\$ 4,803,010	\$ 4,269,869
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 407,636	\$ 407,636	\$ 345,563	\$ 345,563	\$ 627,488	\$ 627,488
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 7,101,000	\$ 7,092,257	\$ 7,093,000	\$ 7,074,325	\$ 7,095,000	\$ 7,095,000
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 12,590,431	\$ 12,254,639	\$ 12,413,161	\$ 12,222,898	\$ 12,525,498	\$ 11,992,357
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 1,383,058	\$ 810,343	\$ 1,291,926	\$ 860,583	\$ 1,060,847	\$ 1,060,847
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 13,973,489	\$ 13,064,982	\$ 13,705,087	\$ 13,083,481	\$ 13,586,345	\$ 13,053,204
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: CT**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 4,803,010	\$ 4,279,309	\$ 4,729,890		\$ 4,729,890	
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 615,603	\$ 615,603	\$ 533,846		\$ 450,581	
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 7,100,000	\$ 7,110,000	\$ 7,100,000		\$ 7,100,000	
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 12,518,613	\$ 12,004,912	\$ 12,363,736	\$ 0	\$ 12,280,471	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 975,981	\$ 975,981	\$ 1,494,321		\$ 6,778,683	
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 13,494,594	\$ 12,980,893	\$ 13,858,057	\$ 0	\$ 19,059,154	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1.

Section Number: Form3\_Main

Field Name: FedAllocExpended

Row Name: Federal Allocation

Column Name: Expended

Year: 2008

Field Note:

Amount spent, not including expenditures paid for with carryover funds.

2.

Section Number: Form3\_Main

Field Name: FedAllocExpended

Row Name: Federal Allocation

Column Name: Expended

Year: 2007

Field Note:

Amount spent, not including expenditures paid for with carryover funds.

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

*[Secs 506(2)(2)(iv)]*

**STATE: CT**

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 852,454	\$ 892,440	\$ 879,080	\$ 858,674	\$ 1,191,201	\$ 1,170,177
b. Infants < 1 year old	\$ 1,712,365	\$ 1,822,354	\$ 1,789,691	\$ 1,698,898	\$ 1,342,173	\$ 1,402,907
c. Children 1 to 22 years old	\$ 6,127,694	\$ 6,066,785	\$ 5,827,874	\$ 5,775,611	\$ 6,085,211	\$ 5,923,150
d. Children with Special Healthcare Needs	\$ 3,677,477	\$ 3,153,305	\$ 3,569,234	\$ 3,529,313	\$ 3,454,522	\$ 3,064,382
e. Others	\$ 41,433	\$ 92,841	\$ 92,995	\$ 51,485	\$ 253,790	\$ 246,147
f. Administration	\$ 179,008	\$ 226,914	\$ 254,287	\$ 308,917	\$ 198,601	\$ 185,594
g. SUBTOTAL	\$ 12,590,431	\$ 12,254,639	\$ 12,413,161	\$ 12,222,898	\$ 12,525,498	\$ 11,992,357
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 330,000		\$ 330,484		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 953,058		\$ 740,240		\$ 620,847	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
ECP (CECCS)	\$ 0		\$ 0		\$ 140,000	
Univ Newborn Hearing	\$ 0		\$ 0		\$ 200,000	
Primary Care	\$ 0		\$ 121,202		\$ 0	
<b>III. SUBTOTAL</b>	\$ 1,383,058		\$ 1,291,926		\$ 1,060,847	

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: CT**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 733,788	\$ 742,767	\$ 724,160		\$ 988,779	
b. Infants < 1 year old	\$ 1,242,873	\$ 1,206,425	\$ 1,242,291		\$ 1,316,142	
c. Children 1 to 22 years old	\$ 6,061,588	\$ 5,903,550	\$ 6,022,249		\$ 5,854,736	
d. Children with Special Healthcare Needs	\$ 4,219,940	\$ 3,905,649	\$ 4,158,214		\$ 3,825,901	
e. Others	\$ 32,646	\$ 34,792	\$ 28,048		\$ 58,628	
f. Administration	\$ 227,778	\$ 211,729	\$ 188,774		\$ 236,285	
g. SUBTOTAL	\$ 12,518,613	\$ 12,004,912	\$ 12,363,736	\$ 0	\$ 12,280,471	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 750,000	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 472,583		\$ 602,630		\$ 595,977	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
CYSHCN Integration	\$ 0		\$ 0		\$ 299,506	
ECP	\$ 0		\$ 140,000		\$ 105,000	
EHDI	\$ 0		\$ 149,999		\$ 149,988	
FirstTime Motherhood	\$ 0		\$ 0		\$ 500,000	
Immunizations	\$ 0		\$ 0		\$ 4,158,382	
PCO	\$ 114,830		\$ 119,830		\$ 119,830	
CYSHCN Integ.	\$ 0		\$ 296,862		\$ 0	
Partnership	\$ 0		\$ 85,000		\$ 0	
ECP (CECCS)	\$ 140,000		\$ 0		\$ 0	
Univ. Newborn Hearin	\$ 148,568		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 975,981		\$ 1,494,321		\$ 6,778,683	



**FORM NOTES FOR FORM 4**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership

**Field Name:** CSHCNExpended

**Row Name:** CSHCN

**Column Name:** Expended

**Year:** 2007

**Field Note:**

Some of the contracts projected for CYSHCN were terminated early , thus resulting in total expenditures less than originally projected.

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: CT**

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 4,489,036	\$ 4,540,081	\$ 4,484,737	\$ 4,516,706	\$ 4,485,436	\$ 4,503,618
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,638,757	\$ 2,237,186	\$ 2,432,925	\$ 2,258,643	\$ 2,379,935	\$ 2,382,064
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 485,450	\$ 432,335	\$ 724,644	\$ 821,198	\$ 692,427	\$ 666,226
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 4,977,188	\$ 5,045,037	\$ 4,770,855	\$ 4,626,351	\$ 4,967,700	\$ 4,440,449
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 12,590,431	\$ 12,254,639	\$ 12,413,161	\$ 12,222,898	\$ 12,525,498	\$ 11,992,357

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: CT**

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 4,496,103	\$ 4,490,928	\$ 4,488,240	\$	\$ 4,503,220	\$
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,255,962	\$ 2,207,835	\$ 2,208,077	\$	\$ 2,211,755	\$
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 701,302	\$ 851,091	\$ 688,156	\$	\$ 821,126	\$
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 5,065,246	\$ 4,455,058	\$ 4,979,263	\$	\$ 4,744,370	\$
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 12,518,613	\$ 12,004,912	\$ 12,363,736	\$ 0	\$ 12,280,471	\$ 0

## FORM NOTES FOR FORM 5

None

### FIELD LEVEL NOTES

1. **Section Number:** Form5\_Main  
**Field Name:** DirectHCBudgeted  
**Row Name:** Direct Health Care Services  
**Column Name:** Budgeted  
**Year:** 2008  
**Field Note:**  
Less funds are being allocated in direct services line item: DPH provides less in this area of the pyramid.
2. **Section Number:** Form5\_Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
The expended amount for Population-Based Services was more than originally budgeted, largely due to reallocation of carryover funds to activities that had a slightly different focus compared to our original plans.
3. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
The expended amount for Infrastructure Building Services was less than originally budgeted, largely due to reallocation of carryover funds to activities that had a slightly different focus compared to our original plans.
4. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Some of the funds were reallocated to direct services and enabling line items; some planned activities were not carried out.

**FORM 6**

**NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED**

*Sect. 506(a)(2)(B)(iii)*

**STATE: CT**

**Total Births by Occurrence:** 40,930

**Reporting Year: 2008**

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	41,471	101.3	22	1	1	100
Congenital Hypothyroidism	41,471	101.3	79	16	16	100
Galactosemia	41,471	101.3	160	0	0	
Sickle Cell Disease	41,471	101.3	15	13	13	100
<b>Other Screening (Specify)</b>						
Biotinidase Deficiency	41,471	101.3	16	1	1	100
Congenital Adrenal Hyperplasia	41,471	101.3	129	0	0	
Hemoglobin Traits	41,471	101.3	921	0	0	
Hemoglobinopathies	41,471	101.3	26	20	20	100
Maple Syrup Urine Disease	41,471	101.3	7	0	0	
Tyrosinemia	41,471	101.3	18	0	0	
Methylmalonic Acidemia (MMA)	41,471	101.3	46	0	0	
Propionic Acidemia (PPA)	41,471	101.3	46	0	0	
Isovaleric Acidemia (IVA)	41,471	101.3	58	1	1	100
Ornithine Transcarbamylase Deficiency (OTC)	41,471	101.3	12	0	0	
Carnitine transporter defect	41,471	101.3	8	0	0	
Long Chain Hydroxyacyl-CoA Dehydrogenase Def./Trifunctional Protein Def. (LCHADD/TFP)	41,471	101.3	1	0	0	
Very Long chain acyl-CoA Dehydrogenase Def. (VLCADD)	41,471	101.3	23	1	1	100
Carnitine/Acylcarnitine Translocase Def. (CACT)	41,471	101.3	22	0	0	
Carnitine Palmitoyl Transferase I (CPT I)	41,471	101.3	20	0	0	
Carnitine Palmitoyl Transferase II (CPT II)	41,471	101.3	22	0	0	
Glutaric Acidemia II (GA II)	41,471	101.3	46	0	0	
Homocystinuria Hypermethionemia	41,471	101.3	18	0	0	
Medium Chain acyl-CoA Dehydrogenase Def. (MCADD)	41,471	101.3	30	3	3	100
Glutaric Acidemia I (GA I)	41,471	101.3	46	0	0	
3-Methylcrotonyl-CoA Carboxylase Def. (3MMC)	41,471	101.3	11	1	1	100
3-Hydroxy-3-Methylglutaryl-CoA						

Lyase Def. (HMG)	41,471	101.3	11	0	0	
Multiple CoA Carboxylase Def. (MCD)	41,471	101.3	11	0	0	
Cirtullinemia or Argininosuccinic Acid Synthetase Deficiency (ASD)	41,471	101.3	6	0	0	
Nonketotic Hyperglycinemia (NKH)	41,471	101.3	3	0	0	
Short-Chain ACYL-CoA Dehydrogenase Deficiency (SCADD)	41,471	101.3	9	4	4	100
Multiple acyl-CoA Dehydrogenase Deficiency (MADD)	41,471	101.3	46	0	0	
Argininosuccinic aciduria (ASA) / Argininosuccinase Lyase (ALD)	41,471	101.3	6	1	1	100
Hyperammonemia-Hyperornithinemia-Homocitrullinemia Syndrome (HHH)	41,471	101.3	3	0	0	
Argininemia (Arg)	41,471	101.3	5	0	0	
<b>Screening Programs for Older Children &amp; Women (Specify Tests by name)</b>						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

## FORM NOTES FOR FORM 6

None

### FIELD LEVEL NOTES

1. **Section Number:** Form6\_Main  
**Field Name:** BirthOccurence  
**Row Name:** Total Births By Occurence  
**Column Name:** Total Births By Occurence  
**Year:** 2010  
**Field Note:**  
Occurrent births as of 5/15/2009. The number of occurrent births is less than those screened because some samples may have been taken in the prior year but results are reported in this year's data.
2. **Section Number:** Form6\_Main  
**Field Name:** Phenylketonuria\_OneScreenNo  
**Row Name:** Phenylketonuria  
**Column Name:** Receiving at least one screen  
**Year:** 2010  
**Field Note:**  
The number of occurrent births is less than those screened because some samples may have been taken in the prior year but results are reported in this year's data.
3. **Section Number:** Form6\_Main  
**Field Name:** Congenital\_OneScreenNo  
**Row Name:** Congenital  
**Column Name:** Receiving at least one screen  
**Year:** 2010  
**Field Note:**  
The number of occurrent births is less than those screened because some samples may have been taken in the prior year but results are reported in this year's data.
4. **Section Number:** Form6\_Main  
**Field Name:** Galactosemia\_OneScreenNo  
**Row Name:** Galactosemia  
**Column Name:** Receiving at least one screen  
**Year:** 2010  
**Field Note:**  
The number of occurrent births is less than those screened because some samples may have been taken in the prior year but results are reported in this year's data.
5. **Section Number:** Form6\_Main  
**Field Name:** SickCellDisease\_OneScreenNo  
**Row Name:** SickCellDisease  
**Column Name:** Receiving at least one screen  
**Year:** 2010  
**Field Note:**  
The number of occurrent births is less than those screened because some samples may have been taken in the prior year but results are reported in this year's data.
6. **Section Number:** Form6\_Main  
**Field Name:** Phenylketonuria\_Confirmed  
**Row Name:** Phenylketonuria  
**Column Name:** Confirmed Cases  
**Year:** 2010  
**Field Note:**  
Confirmed 1 case of Hyperphes
7. **Section Number:** Form6\_Main  
**Field Name:** Congenital\_Confirmed  
**Row Name:** Congenital  
**Column Name:** Confirmed Cases  
**Year:** 2010  
**Field Note:**  
Confirmed 16 cases of Congenital Hypothyroidism
8. **Section Number:** Form6\_Main  
**Field Name:** Galactosemia\_Confirmed  
**Row Name:** Galactosemia  
**Column Name:** Confirmed Cases  
**Year:** 2010  
**Field Note:**  
There no confirmed cases of Galactosemia
9. **Section Number:** Form6\_Other Screening Types  
**Field Name:** Other  
**Row Name:** All Rows  
**Column Name:** All Columns  
**Year:** 2010  
**Field Note:**  
Hemoglobin Traits note: Hemoglobin Traits are not confirmed  
Biotinidase Deficiency note: Confirmed 5 Partial Deficiencies  
Short-Chain ACYL-CoA Dehydrogenase Deficiency (SCADD) note: Confirmed 1 Isobutyryl-CoA Dehydrogenase Deficiency

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: CT**

Reporting Year: 2007

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	9,098	47.8	0.3	8.3	41.5	2.1
Infants < 1 year old	51,060	39.0	0.8	1.8	3.5	54.9
Children 1 to 22 years old	125,611	53.2	3.6	18.7	24.4	0.2
Children with Special Healthcare Needs	29,547	10.7	0.9	7.6	1.0	79.9
Others	157,290	33.6	0.6	23.8	28.9	13.1
<b>TOTAL</b>	<b>372,606</b>					



## FORM NOTES FOR FORM 7

Source: CTDPH, Quarterly Reports from Title V programs.

NOTE: This data represents individuals who were served by Title V programs (some program reports were SFY 2007-2008; other program reports were FFY ending 9/30/2008). Participants who have benefited by more than one program may be counted more than once since there is no mechanism to provide unduplicated counts across programs. Counts on Form 7 will not match Form 8 data which is based, in large part, on Vital Statistics CY2007 data. Note that the "Others" category includes individuals like mothers older than 23 years, men and those served by programs like Planned Parenthood, etc.

### FIELD LEVEL NOTES

1. **Section Number:** Form7\_Main

**Field Name:** Children\_0\_1\_TS

**Row Name:** Infants <1 year of age

**Column Name:** Title V Total Served

**Year:** 2010

**Field Note:**

The difference between the total number of Infants <1 on form 7 and the number of birth occurrences on form 6 is approx. 20% higher. This was the case in last years MCHBG FFY2009 application also. The difference is probably due to the variability of reporting time periods across programs serving Infants <1 that does not easily match a calendar year reporting time period.

2. **Section Number:** Form7\_Main

**Field Name:** CSHCN\_TS

**Row Name:** Children with Special Health Care Needs

**Column Name:** Title V Total Served

**Year:** 2010

**Field Note:**

Source: The difference between the figure reported here on Form 7 (29,547) and the number of CYSHCN receiving services and respite reported elsewhere in the application varies widely due to two different data sources for the information. Form 7 includes a large number of individuals seeking services through 211 Infoline. The other figure is the number reported by CYSHCN database tracking individuals seeking services from Medical Homes.

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: CT**

Reporting Year: 2007

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	41,807	32,643	5,509	229	473	1,902		1,051
Title V Served	42,021	33,109	5,485	226	427	1,758		1,016
Eligible for Title XIX	13,497	10,035	2,992	40	377	0	0	53
<b>INFANTS</b>								
Total Infants in State	41,597	32,494	5,455	229	470	1,900		1,049
Title V Served	41,789	32,957	5,419	224	420	1,756		1,013
Eligible for Title XIX	13,497	10,035	2,992	40	377	0	0	53

**II. UNDUPLICATED COUNT BY ETHNICITY**

<b>HISPANIC OR LATINO (Sub-categories by country or area of origin)</b>								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	32,600	8,847	360	1,225	85	4,596	2,941	0
Title V Served	32,757	8,888	376	1,108	83	4,534	2,570	593
Eligible for Title XIX	9,678	3,819						3,819
<b>INFANTS</b>								
Total Infants in State	32,441	8,810	346	1,221	85	4,575	2,929	0
Title V Served	32,601	8,825	363	1,104	83	4,504	2,560	574
Eligible for Title XIX	9,678	3,819						3,819

## FORM NOTES FOR FORM 8

Source: CTDPH, Vital Statistics "Infants" represent live births CY2007. "Deliveries" also includes fetal deaths.

"Title V Served" and "Eligible for Title XIX" includes data from last years FFY2009 application since CTDSS was not able to provide updated data.

### FIELD LEVEL NOTES

1. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_All  
**Row Name:** Total Deliveries in State  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
Source: CTDPH, Vital Statistics, "Deliveries" include births and fetal deaths for CY2007.
2. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_All  
**Row Name:** Title V Served  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
Source: CT DSS was not able to provide CY2007 data and since this is last years data, it is resulting in figures in the Title V Served that are greater than the Total Deliveries.
3. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
Source: CTDSS was not able to provide CY2007 data.
4. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_All  
**Row Name:** Total Infants in State  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
Source: CTDPH, Vital Statistics, "Infants" represent live births for CY2007.
5. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleV\_All  
**Row Name:** Title V Served  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
Source: CTDSS was not able to provide CY2007 data and since this is last years data, it is resulting in figures in the Title V Served that are greater than the Total Infants.
6. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTitleXIX\_All  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
Source: CTDSS was not able to provide CY2007 data.
7. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_TotalNotHispanic  
**Row Name:** Total Deliveries in State  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
Source: CTDPH, Vital Statistics, "Deliveries" include births and fetal deaths for CY2007.
8. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_TotalHispanic  
**Row Name:** Total Deliveries in State  
**Column Name:** Total Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
Source: CTDPH, Vital Statistics, "Deliveries" include births and fetal deaths for CY2007.
9. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_TotalNotHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
Source: CTDSS was not able to provide CY2007 data and since this is last years data, it is resulting in figures in the Title V Served that are greater than the Total Deliveries.  
.
10. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleV\_TotalHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
Source: CTDSS was not able to provide CY2007 data.
11. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_TotalNotHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
Source: CTDSS was not able to provide CY2007 data.

12. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTitleXIX\_TotalHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
Source: CTDSS was not able to provide CY2007 data.
13. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_TotalNotHispanic  
**Row Name:** Total Infants in State  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
Source: CTDPH, Vital Statistics, "Infants" represent live births for CY2007.
14. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_TotalHispanic  
**Row Name:** Total Infants in State  
**Column Name:** Total Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
Source: CTDPH, Vital Statistics, "Infants" represent live births for CY2007.
15. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_TotalNotHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
Source: CTDSS was not able to provide CY2007 data and since this is last years data, it is resulting in figures in the Title V Served that are greater than the Total Infants..
16. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleV\_TotalHispanic  
**Row Name:** Title V Served  
**Column Name:** Total Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
Source: CTDSS was not able to provide CY2007 data.
17. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_TotalNotHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
Source: CTDSS was not able to provide CY2007 data.
18. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTitleXIX\_TotalHispanic  
**Row Name:** Eligible for Title XIX  
**Column Name:** Total Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
Source: CTDSS was not able to provide CY2007 data.

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: CT**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number	211 Infoline	211 Infoline	211 Infoline	211 Infoline	211 Infoline
2. State MCH Toll-Free "Hotline" Name	MCH Information & Referral Services	MCH Information & Referral Services	MCH Information & Referral Services	MCH Information & Referral Services	MCH Information & Referral Services
3. Name of Contact Person for State MCH "Hotline"	Meryl Tom	Meryl Tom	Meryl Tom	Meryl Tom	Sharon Tarala
4. Contact Person's Telephone Number	(860) 509-8057	(860) 509-8057	(860) 509-8057	(860) 509-8057	(860) 509-8074
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	195,778	211,853	193,282

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: CT**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

## FORM NOTES FOR FORM 9

Source: United Way of CT "Infoline" contractor with the CTDPH, report for 2008.

### FIELD LEVEL NOTES

1. **Section Number:** Form9\_Main

**Field Name:** calls\_2

**Row Name:** Number of calls received On the State MCH Hotline This reporting period

**Column Name:** FY

**Year:** 2008

**Field Note:**

Source: MCH Information Referral Services (211 Infoline). The decrease in service requests may be due to infoline no longer tracking calls regarding breastfeeding and smoking cessation. The decrease may also be due to this information now being available to consumers on the 211 website.

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2010**  
*[SEC. 506(A)(1)]*  
**STATE: CT**

1. State MCH Administration:  
(max 2500 characters)

The CT Department of Public Health (DPH), the state's leader in public health policy and advocacy, is the agency, which administers Connecticut's Title V Maternal and Child Health Services Block Grant. Title V funding allows the state to address the health concerns of the Maternal and Child population (including women during the interconceptional period, and men) throughout the state through community-based programs and interventions. These programs include Perinatal Case Management Programs (i.e., state Healthy Start), Early Hearing, Detection and Intervention (Newborn Hearing Screening), Children and Youth with Special Health Care Needs (CYSHCN) and School Based Health Centers (SBHC). These programs address the health needs of the three maternal and child population groups. Additionally, state capacity supported by Title V funding allows for ongoing assessment, planning, evaluation and policy-making activities regarding the state's MCH population, whether it be within the department, between state agencies, or in collaboration with other MCH organizations and community partners.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 4,729,890
3. Unobligated balance (Line 2, Form 2)	\$ 450,581
4. State Funds (Line 3, Form 2)	\$ 7,100,000
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 12,280,471</b>

9. Most significant providers receiving MCH funds:

Healthy Start (through MOA with DSS)
United way - 2-1-1 INFOLINE
CYSHCN community based medical homes program
Community based providers for Case Management

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	9,098
b. Infants < 1 year old	51,060
c. Children 1 to 22 years old	125,611
d. CSHCN	29,547
e. Others	157,290

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:  
(max 2500 characters)

The state CYSHCN program has successfully transitioned from a regional center model to a community based, pediatric practice based approach. To date there are 32 pediatric practices that provide care coordination including enhancing access to: specialty and subspecialty services, durable medical equipment, medication prescriptions and specialized formulas for children with special needs. Care Coordinators are co-located in some of the pediatric practices. The CYSHCN program also provides funding for respite and family support services and works closely with the Family Support Council. School-Based Health Centers (SBHCs) in Connecticut enhance access to health care services for students, especially those most in need, by providing services in the school setting. School-Based Health Centers provide a wide range of health care services, including dental, mental health, and social services through an interdisciplinary team. As a major safety net provider, SBHCs are an important source of health care for thousands of uninsured and underinsured children and youth in the state

b. Population-Based Services:  
(max 2500 characters)

The Early Hearing Detection and Intervention Program (EHDI) screens all newborns delivered in CT for hearing impairments and refers them as needed to the audiology centers for follow-up and treatment. Newborns are referred to the CT Birth to Three System as appropriate. The Newborn Genetic & Laboratory Screening Program is a population-based initiative that screens all newborns delivered in CT for the legislatively mandated diseases. Infants with positive screening results are referred for confirmation testing, counseling, education, and treatment services. The program provides increased public health awareness of genetic disorders, public health education, and referrals.

c. Infrastructure Building Services:  
(max 2500 characters)

DPH is working towards creating a data warehouse of high-quality linked child health data, which has been titled HIP-Kids (Health Informatics Profile for CT Kids). Effective decision-making requires timely and useful data on maternal and child health. The information from HIP-Kids will be an important data source to enhance DPH's ability to report on performance measures, as well as other required outcome measures. DPH adopted a plan that would create a data warehouse of high-quality linked child health data. Eleven state-mandated databases within DPH contain record-level health data on children, and the HIP-Kids project will combine data from these disparate databases into a single data system. The implementation phase of the plan was updated during the past year to comply with agency efforts to utilize a state-of-the art application (called MAVEN) that will be located on a Public Health Informatics Network (PHIN) compliant platform. Toward this end, the data from newborn hearing screening, the birth defects registry, the metabolic screening and birth records have nearly completed the implementation phase. Testing of the MAVEN application for these new components is scheduled for the fall followed by training of hospital staff that enters this newborn information. Through MCHB TA, the DPH: (1) has worked with Real Dads Forever to develop a Prenatal Early Attachment curriculum that will strengthen and enhance the role of fathers in their support of mothers and children during and after pregnancy; the curriculum is expected to be piloted this summer; (2) will be reviewing CT's perinatal system of care to ensure care coordination and maximization of existing resources for pregnant women and their infants; (3) is working to develop a toolkit and regional presentations for child care health consultants; (4) convened stakeholders and will be developing a strategic plan for childcare health consultants; the plan will provide health consultants with a common goal and framework; and (5) is collaborating with the DDS to address, encourage and support youth with disabilities to become active on disability issues and become leaders on these issues on individual, local, statewide and national levels. The DPH is working with the OCA, DCF and other agencies to begin to develop policy and address the issue of parent/child co-sleeping. The expected outcome is a policy that can be shared

across state agencies and programs and a statewide safe sleeping campaign.

12. The primary Title V Program contact person:

Name	Lisa Davis
Title	Managment Team Leader
Address	410 Capitol Avenue, PO Box 340308
City	Hartford
State	Connecticut
Zip	06126
Phone	(860) 509-8074
Fax	(860) 509-7720
Email	<a href="mailto:lisa.davis@ct.gov">lisa.davis@ct.gov</a>
Web	<a href="http://www.ct.gov/dph/">www.ct.gov/dph/</a>

13. The children with special health care needs (CSHCN) contact person:

Name	Mark Keenan
Title	Children with Special Health Care Needs Director
Address	410 Capitol Avenue, PO Box 340308
City	Hartford
State	Connecticut
Zip	06126
Phone	(860) 509-8074
Fax	(860) 509-7720
Email	<a href="mailto:mark.keenan@ct.gov">mark.keenan@ct.gov</a>
Web	<a href="http://www.ct.gov/dph/">www.ct.gov/dph/</a>



## FORM NOTES FOR FORM 10

None

### FIELD LEVEL NOTES

1. **Section Number:** Form10\_Most significant providers receiving MCH funds

**Field Name:** ProviderFund1

**Row Name:**

**Column Name:**

**Year:** 2010

**Field Note:**

There are 5 community-based providers that receive funds for to serve CYSHCN and serve as medical homes for these clients.

There are 3 community-based providers that receive funds for the Case Management for Pregnant Women program.

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: CT**

**Form Level Notes for Form 11**

None

**PERFORMANCE MEASURE # 01**

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	100	100	100	100	100
<b>Annual Indicator</b>	100.0	100.0	100.0	100.0	100.0
<b>Numerator</b>	43	56	60	55	77
<b>Denominator</b>	43	56	60	55	77
<b>Data Source</b>					CT DPH Newborn Screening Program
<b>Check this box if you cannot report the numerator because</b> 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	100	100	100	100	100
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: CY2008 CTDPH Newborn Screening Program supplied the percentage of confirmed cases that also received appropriate follow-up. (For more info on CT's newborn screening procedures/data see also the detailed note with Form # 6)

2. **Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: CY2007 CT DPH Newborn Screening program supplied the percentage of confirmed cases who also received appropriate follow-up. (For more info on CT's newborn screening procedures/data see also the detailed note with Form 6).

3. **Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: CY2006 CTDPH Newborn Screening Program, Family Health Section. Most recent data June 2008.

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	59.8	59.8	59.8	59.8	59.8
<b>Annual Indicator</b>	59.8	59.8	59.8	57.8	57.8
<b>Numerator</b>					
<b>Denominator</b>					
<b>Data Source</b>					National Survey of CSHCN
<b>Check this box if you cannot report the numerator because</b> <b>1. There are fewer than 5 events over the last year, and</b> <b>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</b> <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	59.8	59.8	59.8	59.8	59.8
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

2. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: The data reported in 2006 are from the most recent national SLAITS Survey. CT has no updates to the national SLAITS Survey data, as reported previously, for national performance measures #2-6.

3. **Section Number:** Form11\_Performance Measure #2

**Field Name:** PM02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: The data reported in 2006 are from the most recent national SLAITS Survey. CT has no updates to the national SLAITS Survey data, as reported previously, for national performance measures #2-6.

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	56.9	56.9	56.9	56.9	48.5
Annual Indicator	56.9	56.9	56.9	48.5	48.5
Numerator					
Denominator					
Data Source					National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	48.5	48.5	48.5	48.5	48.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

Annual performance objectives for 2009-2013 were updated using this more recent data.

2. **Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: The data reported in 2006 are from the most recent national SLAITS Survey. CT has no updates to the national SLAITS Survey data, as reported previously, for national performance measures #2-6.

3. **Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: The data reported in 2006 are from the most recent national SLAITS Survey. CT has no updates to the national SLAITS Survey data, as reported previously, for national performance measures #2-6.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	61.3	61.3	61.3	61.3	61.7
Annual Indicator	61.3	61.3	61.3	61.7	61.7
Numerator					
Denominator					
Data Source					National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	61.7	61.7	61.7	61.7	61.7
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

Annual performance objectives for 2009-2013 were updated using this more recent data.

2. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: The data reported in 2006 are from the most recent national SLAITS Survey. CT has no updates to the national SLAITS Survey data, as reported previously, for national performance measures #2-6.

3. **Section Number:** Form11\_Performance Measure #4

**Field Name:** PM04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: The data reported in 2006 are from the most recent national SLAITS Survey. CT has no updates to the national SLAITS Survey data, as reported previously, for national performance measures #2-6.

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	76.8	76.8	76.8	76.8	89.4
<b>Annual Indicator</b>	76.8	76.8	76.8	89.4	89.4
<b>Numerator</b>					
<b>Denominator</b>					
<b>Data Source</b>					National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	89.4	89.4	89.4	89.4	89.4
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

Annual performance objectives for 2009-2013 were updated using this more recent data.

**2. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: The data reported in 2006 are from the most recent national SLAITS Survey. CT has no updates to the national SLAITS Survey data, as reported previously, for national performance measures #2-6.

**3. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: The data reported in 2006 are from the most recent national SLAITS Survey. CT has no updates to the national SLAITS Survey data, as reported previously, for national performance measures #2-6.

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	5.8	5.8	5.8	5.8	43.3
Annual Indicator	5.8	5.8	5.8	43.3	43.3
Numerator					
Denominator					
Data Source					National Survey of CSHCN
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	43.3	43.3	43.3	43.3	43.3
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data. Adjustments to the annual performance objectives were made for 2009-2013 because of the wording changes to this measure. Adjustments used CT's 2007 figure which is higher than the national % for this measure.

2. **Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: The data reported in 2006 are from the most recent national SLAITS Survey. CT has no updates to the national SLAITS Survey data, as reported previously, for national performance measures #2-6.

3. **Section Number:** Form11\_Performance Measure #6

**Field Name:** PM06

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: The data reported in 2006 are from the most recent national SLAITS Survey. CT has no updates to the national SLAITS Survey data, as reported previously, for national performance measures #2-6.

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	91.4	92.8	88.2	88.6	89
<b>Annual Indicator</b>	92.4	87.8	82.6	83.4	83.2
<b>Numerator</b>	79,216	74,327	29,686	29,765	29,207
<b>Denominator</b>	85,732	84,655	35,929	35,674	35,111

Data Source

CIRTS

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	89.4	89.8	89.8	90.2	90.2
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: Connecticut Immunization Registry Tracking System (CIRTS), 2005 birth cohort.

The CIRTS data provides a more accurate picture regarding childhood immunization coverage rates for CT children. Immunization coverage rate for children born in 2005 was 83% for 4:3:1:3:3:1 series, which represents 35,111 children or 84% of the 41,575 births recorded in CT.

**2. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Connecticut Immunization Registry Tracking System (CIRTS), 2004 birth cohort.

The CIRTS data provides a more accurate picture regarding childhood immunization coverage rates for CT children. Immunization coverage rate for children born in 2004 was 83% for 4:3:1:3:3:1 series, which represents 35,674 children or 88% of the 40,498 births recorded in CT.

**3. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: The 2006 data source was changed to the Connecticut Immunization Registry Tracking System (CIRTS), 2003 birth cohort.

The CIRTS data provides a more accurate picture regarding childhood immunization coverage rates for CT children. Immunization coverage rate for children born in 2003 was 83% for 4:3:1:3:3:1 series, which represents 35,929 children or 84% of the 42,720 births recorded in CT.



**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	14	12.9	12.8	12.3	12.2
Annual Indicator	12.8	12.3	12.3	12.0	12.0
Numerator	917	909	914	885	885
Denominator	71,623	74,155	74,323	74,029	74,029

Data Source

DPH Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	11.9	11.9	11.8	11.8	11.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: CY2008 Vital Statistics data are not available.

The CY2007 Vital Statistics data are final. The 2005 and 2006 annual objective fields are "locked in" and will not allow us to change the objective to reflect our most recent experience. If we were able to change these fields we would have modified the objective for 2005 to read 12.8 and for 2006 to read 12.3.

Annual performance objectives for 2009-2013 were updated using this more recent data.

2. **Section Number:** Form11\_Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: The CY2007 Vital Statistics data are final. The 2005 and 2006 annual objective fields are "locked in" and will not allow us to change the objective to reflect our most recent experience. If we were able to change these fields we would have modified the objective for 2005 to read 12.8 and for 2006 to read 12.3.

Annual performance objectives for 2009-2013 were updated using this more recent data.

3. **Section Number:** Form11\_Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: The CY2006 Vital Statistics data are final. The 2005 and 2006 annual objective fields are "locked in" and will not allow us to change the objective to reflect our most recent experience. If we were able to change these fields we would have modified the objective for 2005 to read 12.8 and for 2006 to read 12.3.

Annual performance objectives for 2008-2012 were updated using this more recent data.

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	30	30	30	12	38
Annual Indicator	26.0	26.0	11.4	38.0	18.0
Numerator	357	357	2,984	1,687	4,276
Denominator	1,374	1,374	26,171	4,440	23,747
Data Source					CT Dept. of Social Services SCHIP Division
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	34	36	38	40	42
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #9

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: 2008 Annual Indicator for dental sealants was the CT Department of Social Services SCHIP Division. As in 2006 reporting the denominator represents all 8 and 9 year olds enrolled in SCHIP and the numerator represents all 8 and 9 year olds who received dental sealants.

2. **Section Number:** Form11\_Performance Measure #9

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: The Office of Oral Health developed an oral health status report of children in Connecticut based on the results from oral health basic screening survey (Every Smile Counts) conducted in the 2006- 2007 school year of Head Start, kindergarten and third grade children. Only 38% of the third graders had dental sealants.

Note: The Annual Performance Objectives were updated beginning with 2008 based on the more recent data. The annual performance objectives were all set to 38% since it is unknown when the screening survey will be repeated. This objective was unable to be updated for 2007 since TVIS has this field locked.

3. **Section Number:** Form11\_Performance Measure #9

**Field Name:** PM09

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: CT Voices for Children SFY06, HUSKY A population. Projections were made based on this data even though this data may not be representative of the population as a whole. Data from the state survey conducted this year should be available for next year's report.

**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	0.7	0.9	1.5	1.4	1.3
Annual Indicator	1.9	1.6	0.8	1.5	1.5
Numerator	13	11	5	10	10
Denominator	691,876	682,998	665,901	668,663	668,663

**Data Source**

Vital Statistics Data

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	1.2	1.1	1	0.9	0.9

**Annual Indicator****Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**1. **Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: CY 2008 data are not available.

CT Dept. of Public Health, HISR, CY 2007 final Vital Statistics.

The annual performance objectives are locked and although we saw a dramatic decrease in the 2006 rate, the 2007 rate returns to a similar magnitude seen in 2005. There for the single year data point in CT 2006 appears to be an outlier.

2. **Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: CT Dept. of Public Health, HISR, CY 2007 final Vital Statistics.

The annual performance objectives are locked and although we saw a dramatic decrease in the 2006 rate, the 2007 rate returns to a similar magnitude seen in 2005. There for the single year data point in CT 2006 appears to be an outlier.

3. **Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: CT Dept. of Public Health, HISR, CY 2006 final Vital Statistics.

The annual performance objectives are locked and although we see a dramatic decrease in this rate, we are unable to adjust the annual performance objectives . It may also not be prudent to change the annual performance objectives as this single year data point in CY 2006 may be an outlier.

**PERFORMANCE MEASURE # 11**

The percent of mothers who breastfeed their infants at 6 months of age.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			36.8	39	48
Annual Indicator		36.8	38.8	43	42.9
Numerator					
Denominator					
Data Source					CDC National Immunization Survey
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.				Yes	Yes
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	49	50	51	52	53
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: This measure monitors the rate of breastfeeding at 6 months using information from the National Immunization Survey based on the year of the birth cohort. The birth cohort reported is the CY 2005. Webservice: [www.cdc.gov/breastfeeding/data/report\\_card2.htm](http://www.cdc.gov/breastfeeding/data/report_card2.htm)

**2. Section Number:** Form11\_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: This measure monitors the rate of breastfeeding at 6 months using information from the National Immunization Survey based on the year of the birth cohort. The birth cohort reported is the CY 2004. CDC's National Immunization Survey results present estimated breastfeeding rates according to the year of the child's birth to facilitate the evaluation of breastfeeding interventions and progress toward the Healthy People 2010 breastfeeding objectives. Webservice: [www.cdc.gov/breastfeeding/data/report\\_card2.htm](http://www.cdc.gov/breastfeeding/data/report_card2.htm)

**3. Section Number:** Form11\_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2006**Field Note:**

The prior/retired breastfeeding measure NPM 11 monitored breastfeeding rates at hospital discharge. As of June 2007, CDC's National Immunization Survey results present estimated breastfeeding rates according to the year of the child's birth to facilitate the evaluation of breastfeeding interventions and progress toward the Healthy People 2010 breastfeeding objectives.

Prior to June 2007, CDC presented this breastfeeding information by year of respondent interview as given in the current table.

CT's revised rates using the new methodology as of June 2007 are 40.8% for 2003 and 44.6% for 2004. Using this more recent data, annual performance objectives should be 45.0 for 2005, 46.0 for 2006 and 47.0 for 2007.

Annual performance objectives for 2008-2012 have been updated accordingly.

Webservice: [www.cdc.gov/breastfeeding/data/report\\_card2.htm](http://www.cdc.gov/breastfeeding/data/report_card2.htm)

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	99.9	98.2	99	99.1	99.2
<b>Annual Indicator</b>	98.0	98.9	99.0	99.1	99.4
<b>Numerator</b>	41,696	41,696	41,744	41,889	40,672
<b>Denominator</b>	42,545	42,142	42,186	42,266	40,930
<b>Data Source</b>					CT DPH Early Hearing Detection and Intervention Pr
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Final
<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	99.3	99.4	99.5	99.6	99.6
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: CT DPH Early Hearing Detection and Intervention Program. Universal newborn hearing screening was implemented in CT on 7/1/00.

2. **Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: CT DPH Early Hearing Detection and Intervention Program. Universal newborn hearing screening was implemented in CT on 7/1/00. The 2007 denominator is provisional data from Vital Records as obtained in April 2009.

3. **Section Number:** Form11\_Performance Measure #12

**Field Name:** PM12

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: CTDPH, CY2006 Final, E.H.D.I. Program, Family Health Section

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	4.4	4.4	8.4	7.6	5.9
Annual Indicator	4.5	8.5	7.7	6	5.2
Numerator					
Denominator					

Data Source

US Bureau of  
Census, Current  
Population Survey

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	5.1	5	5	4.9	4.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- 1.
- Section Number:**
- Form11\_Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: US Bureau of Census, Current Population Survey, 2007 Table Package, Table HI05. Annual performance objectives for 2009-2013 were updated based on the most recent data.

- 2.
- Section Number:**
- Form11\_Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: US Bureau of the Census, Current Population Survey, Table HIA-5, 2006.

Annual performance objectives for 2008-2012 were updated based on the most recent data indicating a steady decrease.

- 3.
- Section Number:**
- Form11\_Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: US Bureau of the Census, Current Population Survey, Table HIA-5, 2005.

**PERFORMANCE MEASURE # 14**

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			23.9	9.2	32.1
Annual Indicator		24.0	9.2	32.2	31.0
Numerator		7,143	2,709	7,521	7,944
Denominator		29,729	29,481	23,356	25,623
Data Source					CDC's Pediatric Nutrition Surveillance System
Do not report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>32</u>	<u>31.9</u>	<u>31.8</u>	<u>31.7</u>	<u>31.6</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: CDC's Pediatric Nutrition Surveillance System (PedNSS) revealed that 15.7% of children enrolled in the WIC Program in 2008 were at risk of overweight (BMI  $\geq$  85th and  $<$  95th percentile) and that 15.5% were overweight (BMI  $\geq$  95th percentile). A total of 7,944 out of 25,623 children had a BMI at or above the 85th percentile, for a combined prevalence of 31.2%. Annual performance objectives for 2009-2012 have been left the same for now since one year's results do not reflect a trend. This will be reassessed pending next year's results.

**2. Section Number:** Form11\_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: CDC's Pediatric Nutrition Surveillance System (PedNSS) revealed that 16% of children enrolled in the WIC Program in 2007 were at risk of overweight (BMI  $\geq$  85th and  $<$  95th percentile) and that 16.2% were overweight (BMI  $\geq$  95th percentile). A total of 7,521 out of 23,356 children had a BMI at or above the 85th percentile, for a combined prevalence of 32.2%. Annual performance objectives for 2008-2012 have been adjusted based on the most recent data.

**3. Section Number:** Form11\_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: CTDPH, WIC Program, SWIS monthly report on risk factors, Jan. 2007 (Children's BMI between 85 and 95%). This data is provisional because the WIC program was just beginning to calculate BMI electronically.

**PERFORMANCE MEASURE # 15**

Percentage of women who smoke in the last three months of pregnancy.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			3	0.2	0.2
Annual Indicator		3.1	0.2	0.2	0.2
Numerator			84	79	79
Denominator			41,461	40,969	40,969
Data Source					Vital Statistics Data

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	0.1	0.1	0.1	0.1	0.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: CY 2008 data are not available.

CY2007 final data, CTDPH, Vital Statistics. Similar to 2005 and 2006 calculations, percent is based on the removal of data where prenatal care and tobacco use in the third trimester was unknown. It has been noted that this figure is very low, however, this information is self-reported by the mother on the birth certificate.

Note: The 2005 column was based on the removal of data where prenatal care and tobacco use in the third trimester was unknown. The calculations reported a numerator of 89 and a denominator of 41,086 resulting in an annual indicator of 0.2%. This column is locked and so these updates are not possible to this form.

**2. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: CY2007 final data, CTDPH, Vital Statistics. Similar to 2005 and 2006 calculations, percent is based on the removal of data where prenatal care and tobacco use in the third trimester was unknown. It has been noted that this figure is very low, however, this information is self-reported by the mother on the birth certificate.

Note: The 2005 column was based on the removal of data where prenatal care and tobacco use in the third trimester was unknown. The calculations reported a numerator of 89 and a denominator of 41,086 resulting in an annual indicator of 0.2%. This column is locked and so these updates are not possible to this form.

**3. Section Number:** Form11\_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: CY2006 final data, CTDPH, Vital Statistics. Similar to 2005 calculation, percent is based on the removal of data where prenatal care and tobacco use in the third trimester was unknown. It has been noted that this figure is very low, however, this information is self-reported by the mother on the birth certificate.

Note: The 2005 column in last year's application was based on the removal of data where prenatal care and tobacco use in the third trimester was unknown. The calculations reported a numerator of 89 and a denominator of 41,086 resulting in an annual indicator of 0.2%. This column is locked and so these updates are not possible to this form.



**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	5.6	2.5	2.5	3.8	6.4
Annual Indicator	2.9	4.0	6.4	5.2	5.2
Numerator	7	10	16	13	13
Denominator	241,182	247,415	250,071	250,994	250,994
Data Source					Vital Statistics Data

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	6.3	6.2	6.1	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: CY2008 data is not available.

CT Dept of Public Health, Vital Statistics final CY2007 data

Note: The Annual Performance Objectives for 2008 and 20013 have been updated based on the most recent data.

2. **Section Number:** Form11\_Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: CT Dept of Public Health, Vital Statistics final CY2007 data

Note: The Annual Performance Objectives for 2008 and 20013 have been updated based on the most recent data.

3. **Section Number:** Form11\_Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: CT Dept of Public Health, Vital Statistics final CY2006 data

Note: The Annual Performance Objective for 2006 and 2007 can not be changed based on the most recent data because the fields are locked. The Annual Performance Objective for 2008 forward were changed to reflect the more recent data.

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	87.5	87.5	87.3	87.4	87.5
<b>Annual Indicator</b>	87.1	87.1	86.3	84.9	84.9
<b>Numerator</b>	575	580	591	541	541
<b>Denominator</b>	660	666	685	637	637

**Data Source**

Vital Statistics Data

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	87.6	87.6	87.7	87.8	87.8
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are  
 not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: CY 2008 data are not available.

CY2007 final data, CTDPH, Vital Statistics. Eleven of CT's acute care hospitals with self-declared NICU's were included in this survey.

**2. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: CY2007 final data, CTDPH, Vital Statistics. Eleven of CT's acute care hospitals with self-declared NICU's were included in this survey.

**3. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: CY2006 final data, CTDPH, Vital Statistics. Eleven of CT's acute care hospitals with self-declared NICU's were included in this survey.

**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	88.9	88.9	87.8	87	87.3
Annual Indicator	87.2	86.7	85.8	86.5	86.5
Numerator	36,090	35,654	35,303	35,424	35,424
Denominator	41,392	41,103	41,161	40,969	40,969
Data Source					Vital Statistics Data

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	87.6	87.9	88.2	88.5	88.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- 1.
- Section Number:**
- Form11\_Performance Measure #18

**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: CY2008 data is not available

CY2007 final, CT DPH Vital Statistics.

- 2.
- Section Number:**
- Form11\_Performance Measure #18

**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: CY2007 final, CT DPH Vital Statistics.

- 3.
- Section Number:**
- Form11\_Performance Measure #18

**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: CY2006 final

The objective field here is locked and not able to be changed as we would like to 87.0 i.e. a more reasonable projection based on a two-year downward trend.

**STATE PERFORMANCE MEASURE # 1**

Cumulative number of datasets incorporated into integrated warehouse (called HIP-KIDS).

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			3	2	3
Annual Indicator		2	2	2	2
Numerator		2	2	2	2
Denominator	7	7	7	7	7
Data Source					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	4	5	6	7	7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: The number of databases linked as part of HIP-Kids remained at 2. During CY2008 the focus remains on the migration of the migration of the NSS to the PHIN platform the EHDI and BDR databases, now referred as the Newborn Health Profile, more successfully migrated. Delays in the successful migration of all three NSS components was due to the Genetics/ Laboratory Tracking agreeing to also migrate after approximately 8 months into the project.

**2. Section Number:** Form11\_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: The number of databases linked as part of HIP-Kids remained at 2. Database linkages were put on hold due to the shift of DPH's focus on the migration of databases to a standardized network platform that met IT state-of-the-art requirements.

Adjustments were made to the 2008-2012 annual performance objectives due to this change in plans.

**3. Section Number:** Form11\_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: Data is supplied by DPH staff working on the HIP-KIDS project. Two of the seven databases were incorporated into the data warehouse in 2005. There were no new additions in 2006.

**STATE PERFORMANCE MEASURE # 2**

Cumulative number of formal agreements, in the format of Memoranda of Agreements (MOA's) and collaborative agreements, that serve the needs of the three MCH populations.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective			13	17	21
Annual Indicator		12	16	20	25
Numerator					
Denominator					
Data Source					Survey of FHS programs
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	28	31	34	37	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: CY2008 data are from a survey of FHS programs.

Adjustments were made to the 2009-2013 annual performance objective based on this most recent data.

**2. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: CY2007 data are from a survey of FHS programs.

Adjustments were made to the 2008-2012 annual performance measures based on this most recent data.

**3. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: Data is from a survey of DPH programs including the CGMS database.

**STATE PERFORMANCE MEASURE # 3**

Percent of 9-12 graders who reported being in a fight within the past 12 months.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			32.7	32.6	32.6
Annual Indicator		32.7	32.7	31.4	31.4
Numerator		715	715	630	630
Denominator		2,185	2,185	2,007	2,007
Data Source					CDC's YRBS national surveys
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	32.5	32.5	32.4	32.4	32.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: This survey is conducted every other year in conjunction with CDC's YRBS national surveys. The next survey is being conducted in 2009.

**2. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: This is weighted 2007 CT High School Survey (formerly called YRBS) data.

**3. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: This is weighted 2005 CSHS(formerly called YRBS) data. The survey is conducted every other year, so new data is not available this year, but anticipated for the following year's MCHBG reporting.

**STATE PERFORMANCE MEASURE # 4**

Percent increase in the number of adolescents 10-20 years old who receive services in school based health centers.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			4.2	15	20
Annual Indicator		3.1	10.2	15.6	15.3
Numerator		597	1,986	3,039	2,982
Denominator		19,439	19,439	19,439	19,439
Data Source					School-Based Health Center database
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	15.5	15.5	16	16	16.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: Baseline denominator is 2003-2004 number of students (19,439) receiving SBHC services.

2007-8 there were 22,421 students seen. These 2,982 additional students seen represent a 15.3% increase over the baseline. Projections for the Annual Performance Indicator are based on an additional increase in the number of students receiving SBHC services each year expressed as a percentage increase over this original base year. Adjustments were made to the 2009-2013 annual performance objectives due to the most recent data that appears to show plateau of the number of students receiving services at SBHCs.

**2. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: 2006-7 School-Based Health Center database, CT Dept of Public Health, Family Health Section. Baseline denominator for the start of this SPM represents the 2003-2004 number of students (19,439) receiving SBHC services. In School Year 2006-7 there were 22,478 students seen. These 3039 additional students seen represent a 15.6% increase over the base year. Projections for the Annual Performance Indicator are based on an additional increase in the number of students receiving SBHC services each year expressed as a percentage increase over this original base year.

**3. Section Number:** Form11\_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: 2005-6 School-Based Health Center database, CT Dept of Public Health, Family Health Section. Baseline denominator for the start of this SPM represents the 2003-2004 number of students (19,439) receiving SBHC services. In School Year 2005-6 there were 21,425 students seen. These 1986 additional students seen represent a 10.2% increase over the base year. Projections for the Annual Performance Indicator are based on an additional increase in the number of students receiving SBHC services each year expressed as a percentage increase over this original base year.

**STATE PERFORMANCE MEASURE # 5**

Percent of schools that have used a program to reduce obesity through physical exercise and nutrition education programs.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			6.5	7	7.5
Annual Indicator			6.5	6.5	6.5
Numerator			19	19	19
Denominator			294	294	294
Data Source					The School Nutrition and Physical Activity Practic
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>8</u>	<u>8.5</u>	<u>9</u>	<u>9.5</u>	<u>10</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: CY2008 data not available. The School Nutrition and Physical Activity Practices (SNPAP) survey was intended to be the source of data for this measure. However, the State Dept. of Education (SDE) was unable to repeat this survey due to budget constraints and staffing resources.

State Dept of Education (SDE) completed their first School Nutrition and Physical Activity Practices (SNPAP) survey in the Spring 2006. Therefore, there is no 2005 baseline data. We have projected a conservative 0.5% increase annually among the approximately 1000 public schools in the state that will implement school policies that promote healthy lifestyles to a degree which meets the acceptable level.

**2. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: CY 2007 data are not available.

State Dept of Education (SDE) completed their first School Nutrition and Physical Activity Practices (SNPAP) survey in the Spring 2006. Therefore, there is no 2005 baseline data. We have projected a conservative 0.5% increase annually among the approximately 1000 public schools in the state that will implement school policies that promote healthy lifestyles to a degree which meets the acceptable level.

**3. Section Number:** Form11\_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: State Dept of Education (SDE) completed their first School Nutrition and Physical Activity Practices (SNPAP) survey in the Spring 2006. Therefore, there is no 2005 baseline data. We have projected a conservative 0.5% increase annually among the approximately 1000 public schools in the state that will implement school policies that promote healthy lifestyles to a degree which meets the acceptable level.



**STATE PERFORMANCE MEASURE # 6**

Percent of infants born to women under 20 years of age receiving prenatal care in the first trimester

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			70.5	70.5	70.7
Annual Indicator		69.8	69.8	70.9	70.9
Numerator		1,984	2,002	2,015	2,015
Denominator		2,842	2,867	2,841	2,841
Data Source					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	70.9	71.1	71.3	71.4	71.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: CY2008 data are not available.

CTDPH Vital Statistics CY2007 final data.

**2. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: CTDPH Vital Statistics CY2007 final data.

**3. Section Number:** Form11\_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: CTDPH Vital Statistics CY2006 final data.

**STATE PERFORMANCE MEASURE # 7**

Percent of CYSHCN who receive family-centered,community-based, culturally-competent,comprehensive, coordinated family/caregiver support svcs incl. respite in the Regional Medical Home System of Care

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>			26.4	54.1	89.8
<b>Annual Indicator</b>			44.9	86.4	
<b>Numerator</b>				4,037	5,931
<b>Denominator</b>				4,675	
<b>Data Source</b>					Regional Medical Home Centers
<b>Is the Data Provisional or Final?</b>				Final	

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	50.9	52.9	53.9	54.4	54.7
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: Due to changes in contract requirements the CY2008, the numerator would exceed the previously established benchmark, resulting in greater than 100% achievement of this performance measure. For this reason, we changed the wording of this SPM to reflect the percent increase each year of the number of CYSHCN who receive respite and support services using a baseline from CY2007 (the first year that an existing database could provide the total number of CYSHCN served). CY2008 is based on full year regional site numbers. Annual Performance Objectives for 2008-2013 have been altered to reflect the change in measuring success by 4%, 2%, 1%, .5% and .25% respectively.

**2. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: The numerator is based on a full year of the number CYSHCN served by the regional medical home sites. The denominator is the estimated number of CYSHCN that the regional medical home sites were expected to serve.

The annual performance objectives for 2008-2012 were updated to reflect this more recent data.

**3. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: The annual indicator for FY2006 reflects the first year of a new methodology to collect data on CYSHCN receiving respite. These data attempted to capture information from the then existing five Regional Medical Home Centers.

**STATE PERFORMANCE MEASURE # 8**

Percent of licensed child care centers serving children age birth to five who have on-site health consultation, as defined by the standards in "Caring for Our Children".

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			0	0	0
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #8  
**Field Name:** SM8  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Source: CY2008 data not available for State Performance Measure, as most of the Region 1 states did not have the capacity to provide information to address this issue.
- Section Number:** Form11\_State Performance Measure #8  
**Field Name:** SM8  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Source: CY2007 data are not available.
- Section Number:** Form11\_State Performance Measure #8  
**Field Name:** SM8  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Source: This SPM is now labeled developmental as CT is working to implement methodology to collect data to measure the percent of day care centers who have on-site health consultation by an appropriately qualified health professional.  
 CY 2006 data are not available.

**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]  
**STATE: CT**

**Form Level Notes for Form 12**

None

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	6.1	5.2	5.4	5.4	5.3
Annual Indicator	5.6	5.7	6.1	6.6	5.7
Numerator	237	237	257	275	230
Denominator	42,005	41,722	41,789	41,597	40,106
Data Source					DPH Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	5.3	5.2	5.2	5.1	5.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- Section Number:** Form12\_Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Source: CT Dept of Public Health 2008 Vital Statistics.
- Section Number:** Form12\_Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Source: CT Dept of Publi Health final 2007 Vital Statistics.
- Section Number:** Form12\_Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Source: CT Dept of Public Health final 2006 Vital Statistics

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	2.3	2.3	2.6	3	2.9
Annual Indicator	2.9	3.3	3.2	2.2	2.9
Numerator	13.5	12.4	14.6	12	12.6
Denominator	4.6	3.8	4.5	5.5	4.3
Data Source					DPH Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	2.8	2.7	2.6	2.5	2.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: CT Dept. of Public Health Vital Statistics, CY 2008.

**2. Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: CT Dept. of Public Health final Vital Statistics, CY 2007.

**3. Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: CT Dept. of Public Health final Vital Statistics, CY 2006.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	4.4	3.7	4	4	3.9
Annual Indicator	4.2	4.1	4.7	5.1	4.3
Numerator	175	170	197	211	172
Denominator	42,005	41,722	41,789	41,597	40,106

**Data Source**

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	3.8	3.7	3.6	3.5	3.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: CT Dept of Public Health final Vital Statistics, CY 2008.

**2. Section Number:** Form12\_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: CT Dept of Public Health final Vital Statistics, CY 2007.

**3. Section Number:** Form12\_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: CT Dept of Public Health, CY2006 Final Vital Statistics.

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	1.5	1.5	1.4	1.5	1.4
Annual Indicator	1.5	1.6	1.4	1.5	1.4
Numerator	62	67	60	64	58
Denominator	42,005	41,722	41,789	41,597	40,106
Data Source					DPH Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	1.4	1.3	1.3	1.2	1.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are  
 not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: CT Dept of Public Health final Vital Statistics Data, CY 2008.

**2. Section Number:** Form12\_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: CT Dept of Public Health final Vital Statistics Data, CY 2007.

**3. Section Number:** Form12\_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: Dept of Public Health CY2006 final Vital Statistics.

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	9.1	8.2	8.2	8.5	8.4
Annual Indicator	9.1	8.9	9.7	9.4	8.7
Numerator	384	373	407	394	350
Denominator	42,005	41,722	42,021	41,807	40,306
Data Source					DPH Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	8.3	8.2	8.1	8	7.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: Dept of Public Health final Vital Statistics data, CY 2008.

2. **Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: Dept of Public Health final Vital Statistics data, CY 2007.

3. **Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: CT Dept of Public Health Final Vital Statistics CY2005. The objective listed here is locked and not able to be changed to 8.6 which would make more sense based on the most recent 2005 data.



**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	13	13	13.1	13.4	13.3
<b>Annual Indicator</b>	13.3	13.6	9.2	11.3	11.3
<b>Numerator</b>	86	87	58	71	71
<b>Denominator</b>	649,000	641,580	629,824	626,878	626,878

**Data Source**

DPH Vital Statistics

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	13.2	13.1	13	13	13

**Annual Indicator**

**Numerator**

**Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: CY2008 data not available because 2008 population estimates are not available to calculate this rate.

Dept of Public Health Vital Statistice data, CY 2007.

2. **Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: Dept of Public Health final Vital Statistice data, CY 2007

3. **Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: CT Dept of Public Health Final Vital Statistics CY2006.

The 2006 annual indicator data shows a dramatic decrease in the death rate for this year. Data were re-checked with Vital Statistics who confirmed these figures. A comparison of 2005 and 2006 age sub-groups 1-4, 5-9 and 10-14 years showed a decrease of about one-third in each of these 3 age groups from 2005 to 2006. Further analysis would be needed to determine the causes of death or other characteristics that accounted for the decrease in 2006.

The Annual Performance Objective for 2006 field is locked by the form and not available to change based on our most recent data. If we could we would adjust next year's goal to a more reasonable 13.4 based on current info. with the projections improving from that point forward.

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: CT**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

3

**Total Score:** 18

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

Source: CT Dept of Public Health, CYSHCN Program

**FIELD LEVEL NOTES**

None

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE: CT    FY: 2010**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Strengthen Data Collection and Reporting
2. Establish Collaborative Relations at the State/Local level
3. Reduce Intentional Injuries
4. Improve Adolescent Health Status
5. Promote Nutrition and Exercise to Reduce Obesity
6. Increase Access to Pre-conception Education and Parenting
7. Promote access to family support services including respite care and medical home system of care for Children and Youth with Special Health Care Needs
8. Reduce health disparities especially related to Access to care, Racial/ethnicity, Geographic location (Specific issues: teen pregnancy, low birthweight, prenatal care, breastfeeding, and infant mortality)
9. Collaborate with the other federal Region I states to develop indicators that measure the collective assets of their early childhood health systems, "specifically focusing on their collective assets regarding child care health consultants (CCHC)."
- 10.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: CT

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>State Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>6</u>	Replicate locally a current TA to address disparities in perinatal care systems using problem-solving paradigm among cities with a high disparity in perinatal outcomes. These strategic steps will create a quality perinatal care system in urban areas.	Although the current TA will produce recommendations and action steps to improve perinatal systems of care at the statewide level, disparities in perinatal outcomes are most dramatic within urban areas.	Consultant with experience in the problem-solving paradigm, who also has expertise in perinatal systems of care. We will initially recruit Dr. Heather Lipkind, who is the consultant on the current TA.
2.	<b>State Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>6</u>	Conduct focus groups to explore why some women enrolled in HUSKY are not co-enrolled in WIC. A previously developed study design will be implemented. Final product: transcripts of focus groups for subsequent qualitative analysis.	WIC enrollment is associated with a reduced risk for low birth weight outcomes, only about two-thirds of pregnant women enrolled in HUSKY and eligible for WIC are co-enrolled. There is a need to address the reasons why women are not co-enrolled.	Consultant with experience in focus group design, conduct, and analysis. We will initially recruit the Ethel Donahue Translational Research Institute (TRIPP Center) at the University of Connecticut.
3.	<b>National Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>15</u>	Characterize the demographics of women who smoke in successive pregnancies, associating this with adverse birth outcomes. Final product: summary report of target population for future public health intervention strategies.	Women who smoke during an index pregnancy are 41 times more likely to have smoked during a previous pregnancy. The demographic characteristics of women who smoke during successive pregnancies is needed to inform public health intervention strategies.	Consultant with experience in epidemiology and with an expertise in data analysis using large-scale databases of successive (longitudinal) pregnancies in the state. We will initially recruit Dr. Milt Kotelchuck, from Boston University.
4.	<b>National Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>3</u>	Expert Consultant on the National Survey for CYSHCN to provide technical assistance one day workshop.	Contracted CYSHCN medical homes have varying degrees of expertise in utilizing data systems. To improve care coordination capacity and quantification through better understanding and utilization of National Data Resource Center information.	Consultant from National Data Resource Center for Child and Adolescent Health.
5.	<b>National Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>3</u>	Consultant to provide expert one day technical assistance in establishing effective co-management strategies with sub-specialists involved in the care of CYSHCN.	The CYSHCN medical homes are engaged in a learning collaborative. To address an identified challenge of coordination capacity through providing consultation to the collaborative.	TBD
6.	<b>National Performance Measure Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>3</u>	Consultant to provide expert one day technical assistance workshop to address the incorporation of cultural competency when developing service systems for CYSHCN.	The CYSHCN medical homes are engaged in a learning collaborative. To address the challenge of incorporating cultural competence inclusive of CYSHCN through providing consultation to the collaborative.	Consultant from the National Center for Cultural Competence.
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue			

	categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None



**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: CT**

SP # 1

**PERFORMANCE MEASURE:**

Cumulative number of datasets incorporated into integrated warehouse (called HIP-KIDS).

**STATUS:**

Active

**GOAL**

The creation of a data warehouse containing a comprehensive child health profile by linking disparate databases into a single comprehensive system, to use as a resource to enhance public health assurance and assessment activities within Connecticut, and also to inform public health policy.

**DEFINITION**

Number of databases integrated into HIP-KIDS beginning with a core targetted set of seven (7) databases.

**Numerator:**

Cumulative number of databases integrated into HIP-KIDS at the end of the current year.

**Denominator:**

Total number of core databases (7) identified for HIP-KIDS.

**Units:** 7    **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

23-11. (Developmental) Performance standards for essential public health services.

**DATA SOURCES AND DATA ISSUES**

The extent to which databases are incorporated into an integrated warehouse will be measured by the progress of the HIP-KIDS project. The seven core databases to be linked are: Newborn Laboratory Screening, Newborn Hearing Screening, CYSHCN Registry, Birth Defects Registry, Birth Records, Death Records, and the Immunization Registry.

**SIGNIFICANCE**

Databases containing child health data are housed in different areas of the agency. These data are not currently linked and are analyzed in isolation of one another, thus limiting essential public health functions. An electronic mechanism that creates a single comprehensive profile of child health is needed. This resource will support interdivisional public health research activities and initiatives. HIP-KIDS, a Health Informatics Profile of Connecticut Children, will greatly enhance public health assurance and assessment activities within Connecticut, and will also inform public health policy.

**PERFORMANCE MEASURE:**

Cumulative number of formal agreements, in the format of Memoranda of Agreements (MOA's) and collaborative agreements, that serve the needs of the three MCH populations.

**STATUS:**

Active

**GOAL**

The MCH Program proposes to collaborate and coordinate with state and local stakeholders committed to improving the health of women and children.

**DEFINITION**

The cumulative number of formal agreements between DPH and state/local partners to serve the needs of each of the three MCH population groups as tallied at the end of each year.

**Numerator:**

This measure is a count not a percentage, therefore no definition of a numerator and denominator is provided.

**Denominator:**

This measure is a count not a percentage, therefore no definition of a numerator and denominator is provided.

**Units:** Yes **Text:** Text

**HEALTHY PEOPLE 2010 OBJECTIVE**

The following 2010 Objectives relate to the overall goal of the State Performance Measure: 1-5. Usual primary care provider. 1.6 Difficulties or delays in obtaining needed health care. 16-6. Early and adequate prenatal care. 16-22. (Developmental) Access to medical home for CSHCN. 16-23. Service systems for CSHCN. 18-6. (Developmental) Mental health screening. 18-7. (Developmental) Treatment for children with mental health problems. 18-9. Treatment for adults with mental disorders.

21-2. Untreated dental decay. 21-10. Use of oral health care system. 21-12. Preventive dental services to low-income children and adolescents. 21-13. (Developmental) School-based health centers with an oral health component. 21-14. Oral health component to local health departments and community-based health centers.

Documented formal agreements reported by Title V programs in each of the three MCH population groups.

**DATA SOURCES AND DATA ISSUES**

**SIGNIFICANCE**

The MCH Program acknowledges that improving the health and well-being of women and children requires a collaborative response from state agencies and community providers. No one agency alone is able to address the complex health and social service needs of these vulnerable populations. For this reason, the MCH Program proposes to collaborate and coordinate with state and local stakeholders committed to improving the health of women and children. Specific issues best addressed through collaborations with state and local partners include: increasing access to needed services such as mental health, oral health, specialty care and health services in rural communities, and expanding access to health insurance for low income populations.

SP # 3

**PERFORMANCE MEASURE:**

Percent of 9-12 graders who reported being in a fight within the past 12 months.

**STATUS:**

Active

**GOAL**

To reduce the number of injuries to adolescents in grades 9-12 due to violence and intentional injury.

**DEFINITION**

Participation in a fight by students in grades 9-12.

**Numerator:**

Number of students in grades 9-12 who report being in a fight within the past 12 months.

**Denominator:**

Number of students in grades 9-12 completing the CT School Health Survey, [a bi-annual survey combining YRBS (formerly known as the Youth Risk Behavior Survey) and the YTS(Youth Tobacco Survey)].

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

15-12. Injury-related hospital ED visits. 15-37. Physical assaults. 15-38. Physical fighting among adolescents.

**DATA SOURCES AND DATA ISSUES**

CT School Health Survey (previously known as the YRBS) in years 2007 and 2009. Progress in other years will rely on narrative reports from the Title V programs related to health education and intervention activities completed by Title V programs to reduce intentional injuries to the adolescent population.

**SIGNIFICANCE**

The increase in violence and intentional injuries poses a serious public health threat to the adolescent population. Participation in fights is one marker of violent behavior that often results in serious injuries. Efforts to decrease violent behavior will help reduce intentional injuries to adolescents. Data will be reviewed by race and ethnicity, as well, to determine sub-populations possibly experiencing more violence.

SP # 4

**PERFORMANCE MEASURE:**

Percent increase in the number of adolescents 10-20 years old who receive services in school based health centers.

**STATUS:**

Active

**GOAL**

To increase access to age-appropriate services for adolescents 10-20 years.

**DEFINITION**

Percent increase of adolescents 10-20 years who received services in school based health centers (SBHCs) in the current year compared to the base year.

**Numerator:**

[Number of adolescents 10-20 years receiving services in SBHCs at the end of the current year – Number of adolescents 10-20 years receiving services in the base year].

**Denominator:**

Number of adolescents 10-20 years receiving SBHC services in the base year.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

1-4b Source of ongoing care (Children and youth aged 17 years and under).

**DATA SOURCES AND DATA ISSUES**

Annual data reported by DPH-funded School Based Health Centers on number of students receiving services.

**SIGNIFICANCE**

Adolescents of diverse racial and ethnic backgrounds and low socioeconomic status living in rural communities are at increased risk for unintentional injuries, substance abuse, and mental health problems. The need for age-appropriate services for adolescents is often unmet due to the gap between pediatric and adult medical care services. Currently, school-based health centers are only reaching a portion of adolescents in CT because SBHCs are funded in a select number of schools. An additional subpopulation of adolescents is not reached because they are incarcerated, have dropped out of school or are migrant workers. Efforts to increase utilization of services offered by SBHCs will help meet and improve the health status of adolescents.

SP # 5

**PERFORMANCE MEASURE:**

Percent of schools that have used a program to reduce obesity through physical exercise and nutrition education programs.

**STATUS:**

Active

**GOAL**

To reduce overweight/obesity in the child and adolescent population.

**DEFINITION**

The percent of schools in CT using an educational program to reduce obesity through physical exercise and nutrition education.

**Numerator:**

Number of public schools using an educational program to reduce obesity through the promotion of physical activity and nutrition education.

**Denominator:**

Total number of public schools.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

7-2. School health education. 7-2h. Unhealthy dietary patterns. 7-2i. Inadequate physical activity. 19-3. Overweight or obesity in children and adolescents. 19-3a. Children aged 6-11 years. 19-3b. Adolescents 12-19 years. 19-3c. Children and adolescents aged 6-19 years. 22-8. Physical education requirements in schools.

**DATA SOURCES AND DATA ISSUES**

Data summaries from the State Department of Education related to school nutrition education and physical exercise programs to reduce obesity.

**SIGNIFICANCE**

Overweight and obesity have been increasing in children and adolescents, and are associated with poor health outcomes such as heart disease and Type II diabetes. For these reasons, this preventable condition has emerged as a top public health priority in CT. A formal exercise and nutrition program in schools will begin to address the problem by educating students and parents about healthy eating and promoting exercise through the Coordinated School Health Model.

SP # 6

**PERFORMANCE MEASURE:**

Percent of infants born to women under 20 years of age receiving prenatal care in the first trimester

**STATUS:**

Active

**GOAL**

To increase young women's access to preconception counseling and parenting education.

**DEFINITION**

Percent of mothers less than 20 years of age receiving prenatal care during the first trimester.

**Numerator:**

Number of women less than 20 years of age who received prenatal care during the first trimester of pregnancy.

**Denominator:**

Number of births to women less than 20 years of age.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-6. Prenatal care. 16-6a. Care beginning in the first trimester of pregnancy. 16-6b. Early and adequate prenatal care.

**DATA SOURCES AND DATA ISSUES**

CT Department of Public Health, Vital Records.

**SIGNIFICANCE**

There are disparities in many of the key health indicators among teens and minority populations compared to the adult population and White non-Hispanics. Lack of proper preconception counseling, parent education, and other parenting supports among minority and teen populations contributes to the disparate outcomes. Receipt of early prenatal care is one way to provide necessary medical and counseling services to improve birth outcomes and to educate women on other topics such as parenting and future pregnancies.

SP # 7

**PERFORMANCE MEASURE:**

Percent of CYSHCN who receive family-centered,community-based, culturally-competent,comprehensive, coordinated family/caregiver support svcs incl. respite in the Regional Medical Home System of Care

**STATUS:**

Active

**GOAL**

To increase access to DPH funded family-centered,community-based,culturally-competent,comprehensive and coordinated family/caregiver support services including respite care in the Regional Medical Home System of Care for CYSHCN.

**DEFINITION**

The percent of CYSHCN who receive needed family-centered, community-based, culturally competent, comprehensive and coordinated family/caregiver support services including respite from DPH funded programs.

**Numerator:**

The number of CYSHCN receiving care coordination activities including resource coordination, benefits coordination, transition services, education support, and community-based resources including respite from DPH funded programs.

**Denominator:**

The total number of CYSHCN to be served who indicate their need for family/caregiver support services including respite from DPH funded programs.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

1-6. Difficulties or delays in obtaining needed health care.16-22. (Developmental) Medical homes for CSHCN. 16-23. Service systems for CSHCN.

**DATA SOURCES AND DATA ISSUES**

Medical home data collection system (DocSite).

**SIGNIFICANCE**

Data estimates gathered by CT MCH staff show that there are approximately 93,500 children and youth with special health care needs living in Connecticut. Many of these children and their families struggle everyday to identify and access family-centered, community-based, culturally-competent, comprehensive, and coordinated family support services that they need. Family/caregiver support services are whatever is needed for families/caregivers to thrive within their community. Care coordination, benefits coordination, transition services, educational supports, and community-based resources including respite care are just a few of the services these families/caregivers need and often have trouble accessing in adequate amounts. Through the Regional Medical Home System of Care, great strides have been made to identify and serve families/caregivers with CYSHCN in the state,in collaboration with their Medical Home or the primary pediatric care provider, but there are still many families/caregivers who struggle. Efforts need to be made to 1) improve access to family-centered, community-based, culturally-competent, comprehensive and coordinated family/caregiver support including respite care, 2) increase the overall service capacity and the resources available for this support and respite care, and 3) support families/caregivers who have trouble identifying these supports including respite providers.

SP # 8

**PERFORMANCE MEASURE:**

Percent of licensed child care centers serving children age birth to five who have on-site health consultation, as defined by the standards in "Caring for Our Children".

**STATUS:**

Active

**GOAL**

To increase the number of center-based facilities serving children age birth to five who have on-site consultation by a health professional with the appropriate level of knowledge and skills in child health and safety.

**DEFINITION**

Percent of licensed child care centers serving children age birth to five who have on-site health consultation, as defined by the standards in "Caring for Our Children".

**Numerator:**

Percent of licensed child care centers serving children from birth to age five ("Child Day Care Centers" per CT regulation) with a confirmed health consultation log as indicated on the inspection forms performed during the given year, thus confirming that a Child Care Health Consultant has provided services to that center.

**Denominator:**

The number of licensed child care centers serving children from birth to age five receiving an inspection visit in the given year.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

CT DPH's Day Care Licensing Section conducts site visits of "Child Day Care Centers" defined per CT regulation every other year. The inspection documents that the day care center has the required health consultation log indicating that a Child Care Health Consultant has provided services to that center.

**SIGNIFICANCE**

As the number of children age birth to six years in out-of-home care has increased from 30% to over 76% since the 1970's, it has become increasingly important to be able to evaluate programs, to assess quality, accessibility, and the impact of care on children's health. Child care health consultants play a critical role in promoting healthy and safe child care environments and supporting education for children, their families, and child care providers. This support specifically includes children with special health care needs. Child day care health consultants also improve access to preventive health services such as medical and dental homes, early intervention and family support. This measure is consistent with recommendations from the AAP, APHA and MCHB/HRSA.



**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: CT**

**Form Level Notes for Form 17**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
<b>Annual Indicator</b>	31.5	32.0	39.5	37.3	37.3
<b>Numerator</b>	658	676	802	788	788
<b>Denominator</b>	208,772	211,036	202,831	210,985	210,985

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

**Is the Data Provisional or Final?**

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: CY 2008 hospitalization data not available.

CY 2007 in-patient hospitalization data provided by J.Morin, FHS, PHI Branch. Numerator is 2007 hospital discharge data and denominator is 2007 population estimates, provided by F. Amadeo - Table 1 of the Registration Report.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: CY 2007 in-patient hospitalization data provided by J.Morin, FHS, PHI Branch. Numerator is 2007 hospital discharge data and denominator is 2007 population estimates, provided by F. Amadeo - Table 1 of the Registration Report.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: CY 2006 in-patient hospitalization data provided by J.Morin, FHS, PHI Branch.

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>85.3</u>	<u>87.9</u>	<u>86.2</u>	<u>86.6</u>	<u>94.2</u>
<b>Numerator</b>	<u>13,475</u>	<u>14,386</u>	<u>14,429</u>	<u>15,133</u>	<u>16,833</u>
<b>Denominator</b>	<u>15,795</u>	<u>16,369</u>	<u>16,739</u>	<u>17,475</u>	<u>17,866</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: CT Dept of Social Services, 2008 CMS 416.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: CT Dept of Social Services, 2007 CMS 416.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: CT Dept of Social Services, 2006 CMS 416.

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>79.4</u>	<u>81.0</u>	<u>73.7</u>	<u>82.0</u>	<u>83.9</u>
<b>Numerator</b>	<u>377</u>	<u>482</u>	<u>365</u>	<u>445</u>	<u>366</u>
<b>Denominator</b>	<u>475</u>	<u>595</u>	<u>495</u>	<u>543</u>	<u>436</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: CT Dept of Social Services, SFY2008 HUSKY participation report (This represents data from 2 MCOs that were part of the SCHIP program).

2. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: CT Dept of Social Services, SFY2007 HUSKY participation report.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: CT Dept of Social Services, SFY2006 HUSKY participation report.

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	80.7	80.2	80.2	79.1	79.1
<b>Numerator</b>	32,962	32,773	32,809	32,152	32,152
<b>Denominator</b>	40,841	40,885	40,898	40,659	40,659
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: CY2008 Vital Statistice data not available.

CT Dept of Public Health, Final 2007, Vital Statistics.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: CT Dept of Public Health, Final 2007, Vital Statistics.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: CT Dept of Public Health, Final 2006, Vital Statistics.

**HEALTH SYSTEMS CAPACITY MEASURE # 07A**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2004	2005	<b>Annual Indicator Data</b>		
			2006	2007	2008
<b>Annual Indicator</b>	<u>46.9</u>	<u>47.9</u>	<u>48.8</u>	<u>52.2</u>	<u>54.9</u>
<b>Numerator</b>	<u>121,521</u>	<u>129,346</u>	<u>137,566</u>	<u>145,359</u>	<u>156,715</u>
<b>Denominator</b>	<u>258,978</u>	<u>269,941</u>	<u>281,910</u>	<u>278,677</u>	<u>285,538</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

- 1.
- Section Number:**
- Form17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: CT Department of Social Services, 2008 CMS 416

- 2.
- Section Number:**
- Form17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: CT Department of Social Services, 2007 CMS 416

- 3.
- Section Number:**
- Form17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: CT Dept of Social Services, 2006 CMS 416.

**HEALTH SYSTEMS CAPACITY MEASURE # 07B**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>46.5</u>	<u>43.7</u>	<u>48.1</u>	<u>53.0</u>	<u>52.3</u>
<b>Numerator</b>	<u>25,099</u>	<u>24,689</u>	<u>26,848</u>	<u>29,007</u>	<u>29,283</u>
<b>Denominator</b>	<u>53,922</u>	<u>56,549</u>	<u>55,848</u>	<u>54,775</u>	<u>55,971</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: CT Dept of Social Services, FFY2008.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: CT Dept of Social Services, 2007 CMS 416.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: CT Dept of Social Services, 2006 CMS 416.

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>3.6</u>	<u>3.6</u>	<u>4.3</u>	<u>8.8</u>	<u>8.8</u>
<b>Numerator</b>	<u>76</u>	<u>47</u>	<u>259</u>	<u>546</u>	<u>546</u>
<b>Denominator</b>	<u>2,120</u>	<u>1,296</u>	<u>6,008</u>	<u>6,230</u>	<u>6,230</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: CY2008 data not available.

Source of 2007 data are from the CYSHCN Access database that includes information from active Medical Homes. A total of 5931 CYSHCN recieved services from the program. An estimated 9.2% of these receive SSI of 546 for the numerator. The denominator is the actual number of CT residents <16 receiving SSI 6230. This data source is different than that used in 2006, but the CYSHCN Program feels that the 2007 figures are a more accurate method of calculating the percent of SSI beneficiaries receiving rehabilitative services.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: A total of 5931 CYSHCN recieved services from the program. An estimated 9.2% of these receive SSI of 546 for the numerator. The denominator is the actual number of CT residents <16 receiving SSI 6230. This data source is different than that used in 2006, but the CYSHCN Program feels that the 2007 figures are a more accurate method of calculating the percent of SSI beneficiaries receiving rehabilitative services.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: In CY 2006, the CYSHCN Program estimated that approximately 85% (2397) of children served by the CYSHCN Program are under 16 years of age. The denominator is the number of children in CT under 16 years receiving SSI reported on the Healthy and Ready to Work website ([www.hrtw.org](http://www.hrtw.org)).



**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: CT**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2006	Matching data files	<u>9.5</u>	<u>7.5</u>	<u>8.2</u>
b) <i>Infant deaths per 1,000 live births</i>	2006	Matching data files	<u>6.8</u>	<u>4.7</u>	<u>5.4</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2006	Matching data files	<u>73.8</u>	<u>91.8</u>	<u>85.8</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2006	Matching data files	<u>71.9</u>	<u>84.4</u>	<u>80.2</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)**  
**STATE: CT**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL MEDICAID</b> (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>22</u> ) (Age range <u>    </u> to <u>    </u> ) (Age range <u>    </u> to <u>    </u> )	2008	<u>185</u> <u>    </u> <u>    </u>
c) <i>Pregnant Women</i>	2008	<u>250</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)**  
**STATE: CT**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>	2008	<u>300</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>19</u> ) (Age range <u>    </u> to <u>    </u> ) (Age range <u>    </u> to <u>    </u> )	2008	<u>300</u> <u>    </u> <u>    </u>
c) <i>Pregnant Women</i>	2008	<u>250</u>

## FORM NOTES FOR FORM 18

None

### FIELD LEVEL NOTES

1. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Dept of Social Services
2. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Children  
**Row Name:** Medicaid Children  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Dept of Social Services
3. **Section Number:** Form18\_Indicator 06 - Medicaid  
**Field Name:** Med\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
According to DSS, Medicaid eligibility level changed for pregnant women as of 1/1/2008.
4. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Infant  
**Row Name:** Infants  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Department of Social Services, Medical Care Administration, Managed Care Unit.
5. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Children  
**Row Name:** SCHIP Children  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Department of Social Services, Medical Care Administration, Managed Care Unit.
6. **Section Number:** Form18\_Indicator 06 - SCHIP  
**Field Name:** SCHIP\_Women  
**Row Name:** Pregnant Women  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Department of Social Services, Medical Care Administration, Managed Care Unit. Medicaid eligibility level changed for pregnant women as of 1/1/2008.
7. **Section Number:** Form18\_Indicator 05  
**Field Name:** LowBirthWeight  
**Row Name:** Percent of ow birth weight (<2,500 grams)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: DPH Vital Statistics final 2006 matched births to Medicaid eligibilty information. CY2007 data are not available.
8. **Section Number:** Form18\_Indicator 05  
**Field Name:** InfantDeath  
**Row Name:** Infant deaths per 1,000 live births  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: DPH Vital Statistics final 2006 matched births to Medicaid eligibilty information. CY2007 data are not available.
9. **Section Number:** Form18\_Indicator 05  
**Field Name:** CareFirstTrimester  
**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: DPH Vital Statistics final 2006 matched births to Medicaid eligibilty information. CY2007 data are not available.
10. **Section Number:** Form18\_Indicator 05  
**Field Name:** AdequateCare  
**Row Name:** Percent of pregnant women with adequate prenatal care  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: DPH Vital Statistics final 2006 matched births to Medicaid eligibilty information. CY2007 data are not available.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: CT**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	Yes
Annual linkage of birth certificates and WIC eligibility files	2	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	2	Yes

\*Where:  
1 = No, the MCH agency does not have this ability.  
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: CT**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

<b>Notes:</b>
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

**FORM NOTES FOR FORM 19**

None

**FIELD LEVEL NOTES**

None

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: CT**

**Form Level Notes for Form 11**

None

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	2004	2005	<u>Annual Indicator Data</u>		2008
	2006	2007			
Annual Indicator	7.8	8.0	8.2	8.1	8.1
Numerator	3,270	3,312	3,389	3,357	3,357
Denominator	41,749	41,416	41,455	41,308	41,308

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

CY2008 Vital Statistics data are not available.

CTDPH final Vital Statistics data CY2007.

**2. Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: CTDPH final Vital Statistics data CY2007.

**3. Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: 2006 final Vital Stats, CT DPH (denominator adjusted for unknowns)

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>5.9</u>	<u>5.9</u>	<u>6.1</u>	<u>5.9</u>	<u>5.9</u>
<b>Numerator</b>	<u>2,354</u>	<u>2,334</u>	<u>2,434</u>	<u>2,336</u>	<u>2,336</u>
<b>Denominator</b>	<u>40,015</u>	<u>39,517</u>	<u>39,679</u>	<u>39,473</u>	<u>39,473</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: CY2008 Vital Statistics data are not available.

CT DPH Vital Statistics data CY2007.

**2. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: CTDPH final Vital Statistics data CY2007.

**3. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: 2005 final Vital Stats, CT DPH (denominator adjusted for unknowns)



**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>1.6</u>	<u>1.6</u>	<u>1.7</u>	<u>1.5</u>	<u>1.5</u>
<b>Numerator</b>	<u>660</u>	<u>666</u>	<u>686</u>	<u>637</u>	<u>637</u>
<b>Denominator</b>	<u>41,749</u>	<u>41,415</u>	<u>41,455</u>	<u>41,308</u>	<u>41,308</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: CY2008 Vital Statistics data are not available.

CT DPH Vital Statistics data CY2007.

**2. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: CTDPH final Vital Statistics data for CY2007.

**3. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: 2006 final Vital Stats, CT DPH (denominator adjusted for unknowns).

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>1.2</u>	<u>1.2</u>	<u>1.3</u>	<u>1.1</u>	<u>1.1</u>
<b>Numerator</b>	<u>474</u>	<u>474</u>	<u>499</u>	<u>431</u>	<u>431</u>
<b>Denominator</b>	<u>40,015</u>	<u>39,517</u>	<u>39,679</u>	<u>39,473</u>	<u>39,473</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Source: CY2008 Vital Statistics data are not available.

CT DPH Vital Statistics data CY2007.

**2. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: CTDPH final Vital Statistics data CY2007.

**3. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: 2006 final Vital Stats, CT DPH (denominator adjusted for unknowns).

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>4.5</u>	<u>4.0</u>	<u>2.7</u>	<u>3.7</u>	<u>3.7</u>
<b>Numerator</b>	<u>33</u>	<u>27</u>	<u>18</u>	<u>25</u>	<u>25</u>
<b>Denominator</b>	<u>729,316</u>	<u>682,998</u>	<u>655,901</u>	<u>668,663</u>	<u>668,663</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: CY2008 Vital Statistics data are not available.

CT DPH Vital Statistics data CY2007.

2. **Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: CTDPH final Vital Statistics data for CY 2007.

3. **Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: CT DPH Vital Stats final 2006 with denominator from 2006 DPH population estimates using NCHS estimates (see DPH web site for more details).

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>1.6</u>	<u>1.5</u>	<u>0.8</u>	<u>1.5</u>	<u>1.5</u>
<b>Numerator</b>	<u>12</u>	<u>10</u>	<u>5</u>	<u>10</u>	<u>10</u>
<b>Denominator</b>	<u>729,316</u>	<u>682,998</u>	<u>665,901</u>	<u>668,663</u>	<u>668,663</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: CY2008 Vital Statistics data are not available.

CT DPH Vital Stats final CY2007 with denominator from 2007 DPH population estimates.

**2. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: CT DPH Vital Stats final CY2007 with denominator from 2007 DPH population estimates.

**3. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: CT DPH Vital Stats final CY2006 with denominator from 2006 DPH population estimates.

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>20.4</u>	<u>16.0</u>	<u>20.8</u>	<u>15.8</u>	<u>15.8</u>
<b>Numerator</b>	<u>85</u>	<u>75</u>	<u>98</u>	<u>75</u>	<u>75</u>
<b>Denominator</b>	<u>416,352</u>	<u>467,721</u>	<u>472,149</u>	<u>474,211</u>	<u>474,211</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: CY2008 Vital Statistics data are not available.

CT DPH Vital Statistics data CY2007.

**2. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: CTDPH final Vital Statistics data CY2007.

**3. Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: CT DPH Vital Stats final CY2006 with denominator from DPH 2006 population estimates.

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>214.9</u>	<u>220.4</u>	<u>235.9</u>	<u>228.8</u>	<u>228.8</u>
<b>Numerator</b>	<u>1,468</u>	<u>1,505</u>	<u>1,571</u>	<u>1,530</u>	<u>1,530</u>
<b>Denominator</b>	<u>682,998</u>	<u>682,998</u>	<u>665,901</u>	<u>668,663</u>	<u>668,663</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: CY 2008 hospitalization data not available.

Hospital Discharge data: CT Hospital Association

Population data: National Center for Health Statistics. Postcensal estimates of the resident population of the United States for July 1, 2000-July 1, 2007, by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2007). Prepared under a collaborative arrangement with the U.S. Census Bureau; released August 7, 2008. Available from: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm> as of September 5, 2008.

**2. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: Hospital Discharge data: CT Hospital Association

Population data: National Center for Health Statistics. Postcensal estimates of the resident population of the United States for July 1, 2000-July 1, 2007, by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2007). Prepared under a collaborative arrangement with the U.S. Census Bureau; released August 7, 2008. Available from: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm> as of September 5, 2008.

**3. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: FHS and Injury Prevention Program staff provided the non-fatal injury information from 2006 in-patient hospitalization data and used population figures from the 2006 Registration Report for denominators. (Note: The in-patient hospitalization data do not include data from Sharon and Milford Hospitals).

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>22.7</u>	<u>22.4</u>	<u>18.3</u>	<u>18.8</u>	<u>18.8</u>
<b>Numerator</b>	<u>155</u>	<u>153</u>	<u>122</u>	<u>126</u>	<u>126</u>
<b>Denominator</b>	<u>682,998</u>	<u>682,998</u>	<u>665,901</u>	<u>668,663</u>	<u>668,663</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: CY 2008 hospitalization data not available.

Hospital Discharge data: CT Hospital Association

Population data: National Center for Health Statistics. Postcensal estimates of the resident population of the United States for July 1, 2000-July 1, 2007, by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2007). Prepared under a collaborative arrangement with the U.S. Census Bureau; released August 7, 2008. Available from: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm> as of September 5, 2008.

**2. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: Hospital Discharge data: CT Hospital Association

Population data: National Center for Health Statistics. Postcensal estimates of the resident population of the United States for July 1, 2000-July 1, 2007, by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2007). Prepared under a collaborative arrangement with the U.S. Census Bureau; released August 7, 2008. Available from: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm> as of September 5, 2008.

**3. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: FHS and Injury Prevention Program staff provided the non-fatal injury information from 2006 in-patient hospitalization data and used population figures from the 2006 Registration Report for denominators. (Note: The in-patient hospitalization data do not include data from Sharon and Milford Hospitals).

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>149.2</u>	<u>136.8</u>	<u>123.7</u>	<u>148.7</u>	<u>148.7</u>
<b>Numerator</b>	<u>698</u>	<u>640</u>	<u>584</u>	<u>705</u>	<u>705</u>
<b>Denominator</b>	<u>467,721</u>	<u>467,721</u>	<u>472,149</u>	<u>474,211</u>	<u>474,211</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Source: CY 2008 hospitalization data not available.

Hospital Discharge data: CT Hospital Association

Population data: National Center for Health Statistics. Postcensal estimates of the resident population of the United States for July 1, 2000-July 1, 2007, by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2007). Prepared under a collaborative arrangement with the U.S. Census Bureau; released August 7, 2008. Available from: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm> as of September 5, 2008.

**2. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Source: Hospital Discharge data: CT Hospital Association

Population data: National Center for Health Statistics. Postcensal estimates of the resident population of the United States for July 1, 2000-July 1, 2007, by year, county, age, bridged race, Hispanic origin, and sex (Vintage 2007). Prepared under a collaborative arrangement with the U.S. Census Bureau; released August 7, 2008. Available from: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm> as of September 5, 2008.

**3. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Source: FHS and Injury Prevention Program staff provided the non-fatal injury information from 2006 in-patient hospitalization data and used population figures from the 2006 Registration Report for denominators. (Note: The in-patient hospitalization data do not include data from Sharon and Milford Hospitals).



**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2004	2005	<b>Annual Indicator Data</b>		2008
			2006	2007	
<b>Annual Indicator</b>	26.7	29.0	25.0	31.6	32.5
<b>Numerator</b>	2,812	3,060	3,025	3,328	3,426
<b>Denominator</b>	105,336	105,336	120,767	105,335	105,335

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

- Section Number:** Form20\_Health Status Indicator #05A  
**Field Name:** HSI05A  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Source: 2008 CT DPH STD MIS, CT STD Control Program  
 denominator = 2000 Census.
- Section Number:** Form20\_Health Status Indicator #05A  
**Field Name:** HSI05A  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Source: 2007 CT DPH STD MIS, CT STD Control Program  
 denominator = 2000 Census.
- Section Number:** Form20\_Health Status Indicator #05A  
**Field Name:** HSI05A  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Source: 2006 CT DPH STD MIS, CT STD Control Program  
 denominator = 2000 Census.

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>7.0</u>	<u>8.0</u>	<u>8.3</u>	<u>8.1</u>	<u>8.9</u>
<b>Numerator</b>	<u>4,304</u>	<u>4,954</u>	<u>4,886</u>	<u>4,996</u>	<u>5,511</u>
<b>Denominator</b>	<u>617,215</u>	<u>617,215</u>	<u>589,349</u>	<u>617,215</u>	<u>617,215</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

- Section Number:** Form20\_Health Status Indicator #05B  
**Field Name:** HSI05B  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Source: 2008 CT DPH STD MIS, CT STD Control Program  
 denominator = 2000 Census.
- Section Number:** Form20\_Health Status Indicator #05B  
**Field Name:** HSI05B  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Source: 2007 CT DPH STD MIS, CT STD Control Program  
 denominator = 2000 Census.
- Section Number:** Form20\_Health Status Indicator #05B  
**Field Name:** HSI05B  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Source: 2006 CT DPH STD MIS, CT STD Control Program  
 denominator = 2000 Census.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: CT**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Final

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	41,785	32,440	6,037	128	1,862	51	1,267	0
Children 1 through 4	169,200	133,656	21,737	817	7,605	133	5,252	0
Children 5 through 9	219,527	175,399	27,828	939	8,678	211	6,472	0
Children 10 through 14	238,151	192,819	30,286	977	7,948	229	5,892	0
Children 15 through 19	202,528	165,006	26,862	851	5,563	209	4,037	0
Children 20 through 24	223,217	181,242	29,252	1,088	7,182	305	4,148	0
Children 0 through 24	1,094,408	880,562	142,002	4,800	38,838	1,138	27,068	0

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	33,332	8,453	0
Children 1 through 4	137,897	31,303	0
Children 5 through 9	183,524	36,003	0
Children 10 through 14	202,611	35,540	0
Children 15 through 19	173,983	28,545	0
Children 20 through 24	190,726	32,491	0
Children 0 through 24	922,073	172,335	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: CT**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Final

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	33	25	7	0	0	0	0	1
Women 15 through 17	885	620	228	2	2	7	0	26
Women 18 through 19	1,954	1,379	477	7	4	16	0	71
Women 20 through 34	29,390	22,765	3,916	199	292	1,512	0	706
Women 35 or older	9,331	7,702	826	21	172	365	0	245
Women of all ages	41,593	32,491	5,454	229	470	1,900	0	1,049

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	15	18	0
Women 15 through 17	418	464	3
Women 18 through 19	1,110	836	8
Women 20 through 34	22,683	6,520	187
Women 35 or older	8,211	953	167
Women of all ages	32,437	8,791	365

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: CT**

**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	269	160	57	1	4	4	16	27
Children 1 through 4	38	0	0	0	0	0	0	38
Children 5 through 9	11	0	0	0	0	0	0	11
Children 10 through 14	22	0	0	0	0	0	0	22
Children 15 through 19	103	0	0	0	0	0	0	103
Children 20 through 24	161	0	0	0	0	0	0	161
Children 0 through 24	604	160	57	1	4	4	16	362

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	206	56	7
Children 1 through 4	27	10	1
Children 5 through 9	9	2	0
Children 10 through 14	15	6	1
Children 15 through 19	91	11	1
Children 20 through 24	144	17	0
Children 0 through 24	492	102	10

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: CT**

**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	871,191	699,320	112,750	3,712	31,656	833	22,920	0	2007
Percent in household headed by single parent	7.3	5.2	22.7	0.0	3.4	0.0	0.0	0.0	2005
Percent in TANF (Grant) families	0.0	67.2	30.6	0.5	1.1	0.3	0.3	0.0	2008
Number enrolled in Medicaid	239,296	173,596	57,436	1,323	5,905	856	69	111	2008
Number enrolled in SCHIP	16,695	10,852	2,075	37	571	27	224	2,909	2008
Number living in foster home care	5,450	2,747	1,730	6	26	3	380	558	2008
Number enrolled in food stamp program	212,708	149,182	58,810	1,124	3,105	269	218	0	2008
Number enrolled in WIC	45,684	30,203	11,255	2,014	933	527	752	0	2008
Rate (per 100,000) of juvenile crime arrests	4,214.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2005
Percentage of high school drop-outs (grade 9 through 12)	1.8	1.2	2.6	2.2	0.7	0.0	0.0	0.0	2006

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	731,347	139,844	0	2007
Percent in household headed by single parent	6.1	20.8	0.0	2005
Percent in TANF (Grant) families	58.7	41.3	0.0	2008
Number enrolled in Medicaid	0	89,815	171,590	2008
Number enrolled in SCHIP	0	3,909	12,796	2008
Number living in foster home care	1,268	4,182	0	2008
Number enrolled in food stamp program	132,520	80,188	0	2008
Number enrolled in WIC	23,468	22,216	0	2008
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2005
Percentage of high school drop-outs (grade 9 through 12)	0.0	4.4	0.0	2006

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: CT**

**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	844,496
Living in urban areas	795,610
Living in rural areas	124,112
Living in frontier areas	0
<b>Total - all children 0 through 19</b>	<b>919,722</b>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: CT**

**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	3,387,524.0
Percent Below: 50% of poverty	3.6
100% of poverty	7.9
200% of poverty	19.6

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: CT**

**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	871,191.0
Percent Below: 50% of poverty	5.3
100% of poverty	11.1
200% of poverty	19.6

## FORM NOTES FOR FORM 21

Source: CT 2007 data from American Community Survey; (<http://factfinder.census.gov>); From Table; B01001 SEX BY AGE. using Geo Components from the Options drop down and then selecting Urban, Rural, In Metropolitan Statistical Area. Table results were pasted into Excel to obtain subtotals for the 0-19 year olds. The total number of 0-19 year olds obtained from this measure does not agree with the total population 0-19 in HSI #09A probably because the ACS uses population estimates from the U.S Census Bureau and HIS #09A uses population figures obtained from CT DPH OHCQSAR. [It appears the American Community Survey was not the data source used in the FFY2009 MCHBG Application]

### FIELD LEVEL NOTES

1. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Population Estimates, Backus & Mueller, O.H.C.Q.S.A.R.
2. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Population Estimates, Backus & Mueller, O.H.C.Q.S.A.R.
3. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Population Estimates, Backus & Mueller, O.H.C.Q.S.A.R.
4. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Population Estimates, Backus & Mueller, O.H.C.Q.S.A.R.
5. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Population Estimates, Backus & Mueller, O.H.C.Q.S.A.R.
6. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Population Estimates, Backus & Mueller, O.H.C.Q.S.A.R.
7. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Population Estimates, Backus & Mueller, O.H.C.Q.S.A.R.
8. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Population Estimates, Backus & Mueller, O.H.C.Q.S.A.R.
9. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Population Estimates, Backus & Mueller, O.H.C.Q.S.A.R.
10. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2010



**Field Note:**

Source: CT Dept of Public Health, 2007 Population Estimates,  
Backus & Mueller, O.H.C.Q.S.A.R.

11. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Population Estimates,  
Backus & Mueller, O.H.C.Q.S.A.R.
12. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Population Estimates,  
Backus & Mueller, O.H.C.Q.S.A.R.
13. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women15  
**Row Name:** Women < 15  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Final Vital Statistics.
14. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women15to17  
**Row Name:** Women 15 through 17  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Final Vital Statistics.
15. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women18to19  
**Row Name:** Women 18 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Final Vital Statistics.
16. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women20to34  
**Row Name:** Women 20 through 34  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Final Vital Statistics.
17. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women35  
**Row Name:** Women 35 or older  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Final Vital Statistics.
18. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women15  
**Row Name:** Women < 15  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Final Vital Statistics.
19. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women15to17  
**Row Name:** Women 15 through 17  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Final Vital Statistics.
20. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women18to19  
**Row Name:** Women 18 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Final Vital Statistics.
21. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women20to34  
**Row Name:** Women 20 through 34  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Final Vital Statistics.
22. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women35

- Row Name:** Women 35 or older  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Final Vital Statistics.
23. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Provisional Vital Statistics.
24. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Provisional Vital Statistics.
25. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Provisional Vital Statistics.
26. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Provisional Vital Statistics.
27. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Provisional Vital Statistics.
28. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Children20to24  
**Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Provisional Vital Statistics.
29. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Provisional Vital Statistics.
30. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children1to4  
**Row Name:** children 1 through 4  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Provisional Vital Statistics.
31. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children5to9  
**Row Name:** children 5 through 9  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Provisional Vital Statistics.
32. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children10to14  
**Row Name:** children 10 through 14  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Provisional Vital Statistics.
33. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children15to19  
**Row Name:** children 15 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Provisional Vital Statistics.
34. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Children20to24

- Row Name:** children 20 through 24  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Public Health, 2007 Provisional Vital Statistics.
35. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT DPH, 2007 population estimates, Backus & Mueller, OHCQSAR
36. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: (no new data from last year) US Bureau of the Census, American Community Survey 2005, Table #50201, data represent female sole head of household with own children under age 18 as a percent of all households. Data for CT in Table #51101 report that female heads of households with own children under age 18 represent 80% of all singlehead households, with males accounting for 20% of single parent households. Race-specific data are not available for the combined heads of household from this source. Married couple households represent 70.8% of all households with own children under 18, the remaining 29.2% of these households have a single head of household. There is a margin for error in all of these estimates based on survey data.
37. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Social Services, FFY2008. TANF Family % represents % of all CT households with children less than 18 in column 1 and racial % among all TANF Families for the race-specific columns. The 2008 figures are much higher then last year but were confirmed by DSS to be accurate. Total all races is unknown and noted with a 0.
38. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_MedicaidNo  
**Row Name:** Number enrolled in Medicaid  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Social Services, 2008
39. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Social Services, 2008
40. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_FoodStampNo  
**Row Name:** Number enrolled in food stamp program  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept of Social Services, FFY2008.
41. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT DPH, WIC Program, Susan Hewes.
42. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT Dept. of Public Safety, Crimes Analysis Unit CY 2005 juvenile arrests per 0-19 population (population from #09A). Total number of arrests were only available, breakdown by race was not available.
43. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: (no new data) CT Dept of Education, [www.csde.state.ct.us](http://www.csde.state.ct.us), 2005-2006 represents annual dropout rate for CT public high schools. Continued improvement is seen for all race/ethnic groups over time ranging from a 30% to 62% decrease compared with 1997-1998 data.
44. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT DPH, 2007 population estimates, Backus & Mueller, OHCQSAR
45. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_SingleParentPercent

**Row Name:** Percent in household headed by single parent

**Column Name:**

**Year:** 2010

**Field Note:**

Source: (no new data from last year) US Bureau of the Census, American Community Survey 2005, Table #50201, data represent female sole head of household with own children under age 18 as a percent of all households. Data for CT in Table #51101 report that female heads of households with own children under age 18 represent 80% of all singlehead households, with males accounting for 20% of single parent households. Race-specific data are not available for the combined heads of household from this source. Married couple households represent 70.8% of all households with own children under 18, the remaining 29.2% of these households have a single head of household. There is a margin for error in all of these estimates based on survey data.

**46. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_TANFPercent

**Row Name:** Percent in TANF (Grant) families

**Column Name:**

**Year:** 2010

**Field Note:**

Source: CT Dept of Social Services, FFY2008. TANF Family % represents % of all CT households with children less than 18 in column 1 and racial % among all TANF Families for the race-specific columns. The 2008 figures are much higher then last year but were confirmed by DSS to be accurate.

**47. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_MedicaidNo

**Row Name:** Number enrolled in Medicaid

**Column Name:**

**Year:** 2010

**Field Note:**

Source: CT Dept of Social Services, 2008

**48. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_SCHIPNo

**Row Name:** Number enrolled in SCHIP

**Column Name:**

**Year:** 2010

**Field Note:**

Source: CT Dept of Social Services, 2008

**49. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_FoodStampNo

**Row Name:** Number enrolled in food stamp program

**Column Name:**

**Year:** 2010

**Field Note:**

Source: CT Dept of Social Services, FFY2008.

**50. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_WICNo

**Row Name:** Number enrolled in WIC

**Column Name:**

**Year:** 2010

**Field Note:**

Source: CT DPH, WIC Program, Susan Hewes.

**51. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_JuvenileCrimeRate

**Row Name:** Rate (per 100,000) of juvenile crime arrests

**Column Name:**

**Year:** 2010

**Field Note:**

Source: CT Dept. of Public Safety, Crimes Analysis Unit CY 2005 juvenile arrests by ethnicity was not available.

**52. Section Number:** Form21\_Indicator 09B

**Field Name:** HSIethnicity\_DropOutPercent

**Row Name:** Percentage of high school drop-outs (grade 9 through 12)

**Column Name:**

**Year:** 2010

**Field Note:**

Source: (no new data) CT Dept of Education, [www.csde.state.ct.us](http://www.csde.state.ct.us), 2005-2006 represents annual dropout rate for CT public high schools. Continued improvement is seen for all race/ethnic groups over time ranging from a 30% to 62% decrease compared with 1997-1998 data.

**53. Section Number:** Form21\_Indicator 10

**Field Name:** Metropolitan

**Row Name:** Living in metropolitan areas

**Column Name:**

**Year:** 2010

**Field Note:**

Source: CT 2007 data from American Community Survey; (<http://factfinder.census.gov>); From Table; B01001 SEX BY AGE. using Geo Components from the Options drop down and then selecting Urban, Rural, In Metropolitan Statistical Area. Table results were pasted into Excel to obtain subtotals for the 0-19 year olds. [It appears the American Community Survey was not the data source used in the FFY2009 MCHBG Application]

**54. Section Number:** Form21\_Indicator 10

**Field Name:** Urban

**Row Name:** Living in urban areas

**Column Name:**

**Year:** 2010

**Field Note:**

Source: CT 2007 data from American Community Survey; (<http://factfinder.census.gov>); From Table; B01001 SEX BY AGE. using Geo Components from the Options drop down and then selecting Urban, Rural, In Metropolitan Statistical Area. Table results were pasted into Excel to obtain subtotals for the 0-19 year olds. [It appears the American Community Survey was not the data source used in the FFY2009 MCHBG Application]

**55. Section Number:** Form21\_Indicator 10

**Field Name:** Rural

**Row Name:** Living in rural areas

**Column Name:**

**Year:** 2010

**Field Note:**

Source: CT 2007 data from American Community Survey; (<http://factfinder.census.gov>); From Table; B01001 SEX BY AGE. using Geo Components from the Options drop

down and then selecting Urban, Rural, In Metropolitan Statistical Area. Table results were pasted into Excel to obtain subtotals for the 0-19 year olds. [It appears the American Community Survey was not the data source used in the FFY2009 MCHBG Application]

56. **Section Number:** Form21\_Indicator 11  
**Field Name:** S11\_total  
**Row Name:** Total Population  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: US Bureau of Census, Current Population Survey, 2007 Table Package, Table S1701.
57. **Section Number:** Form21\_Indicator 11  
**Field Name:** S11\_50percent  
**Row Name:** Percent Below: 50% of poverty  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: US Bureau of Census, Current Population Survey, 2007 Table Package, Table S1701.
58. **Section Number:** Form21\_Indicator 11  
**Field Name:** S11\_100percent  
**Row Name:** 100% of poverty  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: US Bureau of Census, Current Population Survey, 2007 Table Package, Table S1701. (note: specific column was labeled "below poverty level")
59. **Section Number:** Form21\_Indicator 11  
**Field Name:** S11\_200percent  
**Row Name:** 200% of poverty  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: US Bureau of Census, Current Population Survey, 2007 Table Package, Table S1701.
60. **Section Number:** Form21\_Indicator 12  
**Field Name:** S12\_Children  
**Row Name:** Children 0 through 19 years old  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: CT DPH, 2007 population estimates, Backus & Mueller, OHCQSAR
61. **Section Number:** Form21\_Indicator 12  
**Field Name:** S12\_50percent  
**Row Name:** Percent Below: 50% of poverty  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: US Bureau of Census, Current Population Survey, 2007 Table Package, Table S1703.
62. **Section Number:** Form21\_Indicator 12  
**Field Name:** S12\_100percent  
**Row Name:** 100% of poverty  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: US Bureau of Census, Current Population Survey, 2007 Table Package, Table S1703.
63. **Section Number:** Form21\_Indicator 12  
**Field Name:** S12\_200percent  
**Row Name:** 200% of poverty  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: US Bureau of Census, Current Population Survey, 2007 Table Package, Table S1701.
64. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_FosterCare  
**Row Name:** Number living in foster home care  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Dept. of Children and Families CY2008.
65. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_FosterCare  
**Row Name:** Number living in foster home care  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Dept. of Children and Families CY2008.